

<b>Case Number:</b>	CM15-0071461		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	05/10/2011
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 51-year-old who has filed a claim for chronic shoulder and neck pain reportedly associated with an industrial injury of May 10, 2011. In a Utilization Review report dated March 19, 2015, the claims administrator partially approved a request for eight sessions of physical therapy as two sessions of the same. The claims administrator referenced a RFA form received on March 12, 2015 in its determination along with a progress note of March 10, 2015. The claims administrator contended that the applicant had already had six sessions of physical therapy in 2015 alone. The applicant's attorney subsequently appealed. In a March 10, 2015 progress note, the applicant reported ongoing complaints of bilateral shoulder pain, neck pain, myofascial pain syndrome. The applicant exhibited 5/10 pain in the bilateral upper extremities and full range of motion of both the cervical spine and bilateral shoulders. Additional physical therapy was endorsed. The applicant was returned to regular duty work.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Six sessions of physical therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 - 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**Decision rationale:** No, the request for an additional six sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Here, the applicant had returned to regular duty work, it was acknowledged on March 10, 2015. The applicant exhibited little impairment on that date. The applicant exhibited a full shoulder range of motion, full cervical spine range of motion, 5/5 upper extremity strength on that date. The applicant had already transitioned to regular duty work, as noted previously. It appeared, thus, that the applicant was likewise capable of transitioning to self-directed home-based physical medicine, as suggested on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, without the lengthy formal course of physical therapy in question. Therefore, the request was not medically necessary.