

<b>Case Number:</b>	CM15-0094391		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	05/08/2013
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

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

This 48 year old female sustained an industrial injury to the left shoulder, neck and back on 5/8/13. Previous treatment included magnetic resonance imaging, physical therapy and medications. Documentation did not disclose the number of previous physical therapy sessions completed. In a PR-2 dated 2/25/15, the injured worker complained of continuing pain to the left shoulder, rated 9/10 on the visual analog scale without medications and 7/10 with medications. The injured worker reported that she had recently started physical therapy and noticed improvement in her movement but not her pain level. Current diagnoses included cervical spine sprain/strain, trapezius sprain/strain, lumbar spine sprain/strain, left shoulder adhesive capsulitis, depression and left chest wall contusion. The treatment plan included additional physical therapy once a week for six weeks and continuing a gym membership.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy 1x6 for the Cervical, Lumbar Spine, Left Shoulder, Chest Wall:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** In the case of this injured worker, the submitted documentation indicate "benefit" from prior PT in terms "movement" per a progress note from March 25, 2015. However, the claims administrator has noted that the patient has had 14 sessions of PT now. The physical medicine guidelines recommend taper formal physical to self-directed home exercises. There is no documentation of failure of a HEP to warrant further formal PT. Therefore additional physical therapy is not medically necessary.