

<b>Case Number:</b>	CM13-0013184		
<b>Date Assigned:</b>	09/26/2013	<b>Date of Injury:</b>	11/29/2010
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	07/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Illinois, Indiana and Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 49 year old female who reported an injury on 11/29/2010 after falling onto her right shoulder which also injured her left ribs and her neck. She was initially diagnosed as having a cervical sprain/strain, lumbar sprain/strain, and brachial neuritis. An MRI of the right shoulder revealed degeneration of the supraspinatus tendon and bicipital tenosynovitis as well as impingement syndrome. An ESI to her right shoulder did not relieve her pain. She also completed 18 sessions of physical therapy which gave her some improvement. The patient was also thought to have cervical radiculopathy. An MRI of her cervical spine revealed mild cervical spondylosis at the C5-C6 and C6-C7 levels with bilateral uncovertebral spurs right greater than the left narrowing their respective neural foramina. A repeat MRI performed 11/27/2012 noted no significant changes from the initial imaging study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 physical therapy sessions Eval & Tx: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical therapy Guidelines and Neck and upper back chapter (acute & chronic)

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

**Decision rationale:** Per California MTUS, Physical Medicine Guidelines state that physical medicine should be set up to allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and myositis, unspecified, 9-10 visits over 8 weeks are allowed. For neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks are allowed. And for reflex sympathetic dystrophy (CRPS), 24 visits over 16 weeks are allowed. As the documentation shows, the patient has already exceeded the maximum allowed number of physical therapy visits. The patient should be well-versed in home health exercises as recommended by CA MTUS, and therefore be able to continue with her treatment at home. Regarding the treatments between 05/02/2013 and 08/30/2013, the patient had no significant changes to her pathology during those time frames. As such, due to both the physical therapy requests exceeding the maximum allowance for treatment sessions and due to the missing documentation regarding the treatment between 05/02/2013 and 08/30/2013, the requested services are not medically necessary.