

<b>Case Number:</b>	CM13-0033751		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	06/22/2009
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 43-year-old female who reported injuries to her shoulders and arms on 06-22-09, secondary to repetitive activities. She is currently diagnosed with cervical arthrosis/radiculopathy and right shoulder impingement. A request was made for 12 physical therapy (PT) visits for the cervical spine and right shoulder. The submitted records documented the patient's long-standing history of forearm, wrist, and hand pain, which to date have been managed conservatively with medications, splinting and therapy, as well as surgically with right radial nerve decompression on 9-27-10 followed by an unspecified number of PT sessions. Soon after, she developed pain into the arm that was ascribed to problems in the shoulder. Electrodiagnostic studies of the bilateral upper extremities were normal in January of 2013. Twelve sessions of physical therapy of the hand were initiated on 04/19/13. On the 5/2/13 and 6/13/13 follow-up visit reports, it was reported that the patient had been undergoing physical therapy for her right wrist with ongoing progress. On a 7/25/13 visit, the patient presented with neck pain that radiated down to her arm. Physical exam revealed decreased cervical range of motion with pain, slight right sided trapezial and paracervical tenderness, mild right shoulder stiffness, with pain on range of motion, and equivocal right shoulder impingement sign. Grip strength was noted to be diminished. Diagnoses included brachial neuritis or radiculitis and rotator cuff syndrome/impingement syndrome. Home therapy and exercises were recommended. On 08-30-13, a planned six-week course of physical therapy was begun. Follow-up visits in September and December of 2013 state that the physical therapy was helping with symptoms. However, no specific functional Final Determination Letter for IMR Case Number [REDACTED] improvement is documented. A determination was made on 09/11/13 to deny services: "Physical therapy two (2) times per week times six (6) weeks, Cervical and Right shoulder".

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **DECISION FOR PHYSICAL THERAPY TWO (2) TIMES PER WEEK FOR SIX (6) WEEKS FOR CERVICAL SPINE AND RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment of worker's Compensation, online Edition, Chapter of Neck and Upper Back; Shoulder, Physical Therapy.

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

**Decision rationale:** The Chronic Pain section of the Medical Treatment Utilization Schedule (MTUS) recommends physical therapy with fading of treatment frequency associated with "... active therapies at home as an extension of the treatment process in order to maintain improvement levels." Specifically, for myalgia and myositis, 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks. In this case, compliance with home therapy is not documented. Likewise, recommendations are for less than 12 sessions with the recommendation for fading of treatment frequency. Therefore, the decision for physical therapy two (2) times per week for six (6) weeks for cervical spine and right shoulder is not medically necessary and appropriate.