

<b>Case Number:</b>	CM13-0036696		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 Occupational Medicine, has a subspecialty in Preventive Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for shoulder pain reportedly associated with an industrial injury of March 1, 2013. Thus far, the applicant has been treated with the following medications: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 4, 2013, the claims administrator denied a request for 12 sessions of physical therapy for the shoulder. The claims administrator stated that the applicant had had 12 sessions of physical therapy through this point in time, without reported benefit. The applicant's attorney subsequently appealed. In a July 19, 2013 progress note, the applicant reported ongoing complaints of shoulder pain, knee pain, neck pain, and headaches. The applicant was given diagnoses of knee internal derangement, shoulder impingement syndrome, cervical radiculopathy, lumbar radiculopathy, closed head trauma, possible cubital tunnel syndrome, psychological stress, and depression. The applicant was placed off of work, on total temporary disability. Chiropractic manipulative therapy, electrodiagnostic testing, and numerous MRI studies were endorsed. A physical therapy progress note of June 5, 2013 implied that the applicant had had 12 sessions of physical therapy through that point in time. On September 27, 2013, the applicant reported highly variable 2-8/10 shoulder pain and knee pain. The applicant's pain was reportedly exacerbated by activities including bending, lifting, pushing, pulling, and reaching. It was acknowledged that the applicant was off of work and had been deemed "disabled." Additional physical therapy was apparently endorsed while the applicant was kept off of work. In a work status report dated May 21, 2013, the applicant was kept off of work, on total temporary disability, through July 1, 2013. In a June 21, 2014 progress note, it was

acknowledged that the applicant was off of work, had not worked in several months, and was using Flexeril and Tylenol No. 3 for pain relief.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **PHYSICAL THERAPY 3XWK X 4WKS LEFT SHOULDER: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Online edition, Physical therapy guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Functional Restoration Approach to Chronic Pain Management, 9792.20f Page(s):.

**Decision rationale:** The applicant has already had prior treatment (12 sessions), seemingly well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here. While it is acknowledged that not all these treatments necessarily transpired during the chronic pain phase of the claim, page 8 of the MTUS Chronic Pain Medical Treatment Guidelines nevertheless qualifies the MTUS position on physical therapy and other modalities by noting that demonstration of functional improvement is needed at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant is off of work, on total temporary disability. The applicant's pain complaints appear to be heightened from visit to visit, as opposed to reduced from visit to visit, despite extensive prior physical therapy. The applicant remains dependent on opioid and non-opioid agents such as Tylenol No. 3 and Flexeril. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite extensive prior physical therapy already seemingly in excess of MTUS parameters. Therefore, the request for additional physical therapy is not medically necessary.