

<b>Case Number:</b>	CM13-0063508		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/19/2012
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Interventional Spine Pain Management 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 patient is a 28 year old female with an injury date of 10/19/12. Based on the provider's progress report dated 08/27/14, the patient complains of stiffness in the neck with steady pain in the right shoulder/scapular area. Physical examination revealed tenderness and spasm about the right anterior shoulder joint. Per progress report dated 09/24/14, physical examination shows increased tone with associated tenderness about the right paracervical and right greater than left trapezius and levator scapulae. There is palpable tenderness and spasm about the anterior shoulder joint. The patient completed 7 sessions of physical therapy, as per progress report dated 09/24/14, and noted significant improvement in her strength and decrease in pain. However, she still experiences intermittent bouts. The patient is also undergoing home therapy to help with scapular pain on the right. Utilization review denial letter states that "She had 28 PT visits to date, but no reports were submitted as to when she had the therapy and what the results were." (There was no independent report or progress report suggesting this detail). MRI of the Right Shoulder on 07/10/13 revealed Tendinopathy and intrasubstance delamination with resultant partial tearing of the articular surface anterior leading edge SST. CT of the Right Shoulder on 07/10/13 revealed Tendinopathy and intrasubstance delamination with resultant partial tearing of the articular surface anterior leading edge SST. Diagnosis, 09/24/14 are Cervical Spine Sprain/Strain; MRI evidence of disc bulges at C5-C6 and C6-C7and Right Shoulder Sprain with Mild Impingement; MRI/Arthrogram Evidence of Partial Thickness Articular Surface Rotator Cuff Tear. The provider is requesting for Physical Therapy 2 x 4 R Shoulder. The utilization review determination being challenged is dated 11/22/13. The rationale was "There is no record available for review of previous PT sessions, and whether patient had any objective or functional improvement." Treatment reports were provided from 06/14/13 - 09/24/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2X4 R SHOULDER:** 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 to 99.

**Decision rationale:** This patient presents with steady pain in the right shoulder/scapular area which manifests as tenderness and spasm about the right anterior shoulder joint during physical examination, as per progress report dated 08/27/14. The request is for Physical Therapy 2 x 4 R Shoulder. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed."The patient completed 7 sessions of physical therapy, as per progress report dated 09/24/14, and 28 sessions as per the utilization review denial letter. Although the 09/24/14 progress report indicates a significant improvement in the patient's strength along with a reduction in pain, the additional 8 sessions of therapy requested by the provider exceeds what is allowed by MTUS. Therefore, this request is not medically necessary.