

<b>Case Number:</b>	CM13-0063565		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	06/29/2010
<b>Decision Date:</b>	05/26/2014	<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 and Rehabilitation 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:

Prior treatment history has included three ESWT procedures, which she tolerated without complication. The patient underwent extracorporeal shockwave procedure on 02/28/2013. She underwent a right shoulder arthroscopic subacromial decompression and anterior acromioplasty and right shoulder arthroscopic partial excision of the distal clavicle on 04/29/2013. There were no diagnostic studies for review. PR2 dated 10/17/2013 indicated the patient presented with complaints of moderate pain in her neck and mid/upper back as well as slight to moderate right shoulder pain with some improvement noted. She reported moderate lower back pain with no improvement noted. Objective findings on exam revealed tenderness to palpation and palpable spasm over the paraspinal muscles with restricted range of motion. There was tenderness to palpation and palpable spasm over the paraspinal muscles with restricted range of motion. There was restricted range of motion of the lumbar spine. The patient was diagnosed with cervical spine sprain/strain with radiculitis, thoracic spine strain/sprain, and right shoulder status post arthroscopic surgery with Mumford lumbar spine decompression. The patient was prescribed physical therapy to the cervical spine, thoracic spine, and right shoulder two times per week for four weeks with transition to home exercise program. She was prescribed a hot/cold unit, referred for internal medicine consultation secondary to prolonged use of NSAIDs, and referred for a re-evaluation regarding her cervical spine as it had been authorized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2X4 CERVICAL, THORACIC, RT SHOULDER  
W/TRANSITION TO HOME EXERCISE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

**Decision rationale:** According to the CA MTUS guidelines, Physical Medicine is recommended as a modality of treatment to that is very important in reducing swelling, decreasing pain, and improving range of motion, allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine ,is also recommended. The medical records document the patient was diagnosed with cervical spine sprain /stain with radiculities, thoracic spine stain/sprain, right shoulder status post Final Determination Letter for [REDACTED] arthroscopy, and status post Mumford lumbar spine decompression in the pr dated 10/17/2103 revealed the patient still complain of moderate pain of the neck ,mid/ upper beck as well as right shoulder. On physical examination, there was decreased ROM of the neck, back and right shoulder, the patient had several sessions of PT post operatively. In the absence of documented the exact number of the sessions of PT and the frequency, further, failure to document any improvement of pain and function of affect parts, the request is not medically necessary according to the guidelines.