

<b>Case Number:</b>	CM13-0064180		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/18/2012
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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:

The injured worker is a 51-year-old who reported an injury on April 18, 2012. The mechanism of injury was not provided. Current diagnoses include cervical musculoligamentous injury, cervical myospasm, cervical disc protrusion, cervical radiculitis, right shoulder impingement syndrome, right lateral epicondylitis, loss of sleep, right shoulder full thickness tear, right shoulder tendonitis and osteoarthritis, and status post surgery on the right shoulder. The injured worker was evaluated on October 29, 2013. The injured worker reported occasional 5/10 neck pain with radiation into the right shoulder as well as 2/10 right upper extremity pain. Physical examination revealed decreased cervical range of motion, 3+ tenderness to palpation of the cervical paravertebral muscles, muscle spasm of the cervical paravertebral muscles, positive shoulder depression testing bilaterally, decreased range of motion of the right shoulder, 3+ tenderness to palpation of the lateral shoulder, positive Neer and Hawkins testing, normal range of motion of the right elbow, and 3+ tenderness to palpation of the medial elbow. Treatment recommendations included an additional twelve sessions of aquatic therapy for the right shoulder as well as a psychiatric referral.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL PHYSICAL THERAPY/AQUATIC FOR THE RIGHT SHOULDER, TWELVE SESSIONS,:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. Treatment for myalgia and myositis includes nine to ten visits over eight weeks. The current request for twelve sessions of physical therapy exceeds guideline recommendations. The request for additional physical therapy/aquatic for the right shoulder, twelve sessions, is not medically necessary or appropriate.

**A PSYCHIATRIC EVALUATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Section.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The Cornerstones of Disability Prevention and Management Chapter of the ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, there is no evidence of psychiatric complaints or a comprehensive psychological evaluation. The request for a psychiatric evaluation is not medically necessary or appropriate.