

<b>Case Number:</b>	CM13-0068654		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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; Pain Management has a subspecialty in Interventional Spine 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 45-year-old female with a date of injury of 09/24/2012. Per treating physician's report 10/30/2013, the patient presents with persistent 6/10 left shoulder pain, 7/10 left wrist/hand pain, 6/10 cervical pain with left upper extremity symptoms. Range of motion of the shoulder, abduction 50 degrees, forward flexion 50 degrees, impingement maneuvers are positive. Listed diagnoses are: 1. Chronic left shoulder impingement refractory to treatment. 2. Left carpal tunnel syndrome. 3. Cervical pain with left upper extremity symptoms. Under discussion, treating physician is asking for reconsideration to proceed with left shoulder arthroscopic subacromial decompression. The patient was to continue with request for additional physical therapy of left shoulder and cervical spine 3 times per week for 4 weeks at [REDACTED]. The physical therapy was to facilitate maintenance of ADLs, left shoulder, improve range of motion, and cervical spine. The request was also for physical therapy, left wrist/hand, 3 times a week for 4 weeks, and indicates that there has been no physical therapy of left wrist/hand to date. Report of left shoulder MRI from 07/09/2013 reads "mild supraspinatus tendinosis with articular surface fraying." MRI report of the C-spine from 11/13/2012 reads multilevel discogenic disease, most pronounced findings at C5-C6 with left paracentral disk bulge. A 09/13/2013 progress report is reviewed with the diagnosis of chronic left shoulder impingement, left carpal tunnel syndrome, and the request was for arthroscopic decompressive surgery of the shoulder. No discussion was provided regarding patient's physical therapy report from 08/15/2013. The patient has severe left shoulder pain with limited range of motion. The patient was given Depo-Medrol and Marcaine injection of the left shoulder. No discussion regarding patient's physical therapy. Listed medications are tramadol, Anaprox, Flexeril, and Protonix. Report from 07/19/2013 by treating physician indicates "refractory in nature of spasm to physical

methods including stretching, physical therapy, home exercises, activity modifications as well as cold, heat, TENS." Request was for additional physical therapy of the left shoulder and to include cervical spine 3 times per week at 4 weeks. This report indicates the patient has not had any physical therapy since year 2006, and at that time, physical therapy did facilitate diminution in pain and improve range of motion. The request for additional physical therapy at 12 sessions was denied by Utilization Review letter dated 11/25/2013 and the rationale was that the patient has had 26 previous therapy visits.

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

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

#### **PHYSICAL THERAPY 3 X 4 FOR THE LEFT SHOULDER, LEFT WRIST/HAND AND CERVICAL SPINE: 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): 98-99.

**Decision rationale:** This patient presents with persistent neck and shoulder pain. The patient is being considered for shoulder decompressive arthroscopic surgery which is apparently denied. The request is for "additional physical therapy" 3 times a week for 4 weeks to address the shoulder, neck, the upper extremities. The treating physician indicates in his reports 10/30/2013 and 07/19/2013 that the patient has had physical therapy in the past, but 07/19/2013 report alludes to prior physical therapy dating back to 2006 with benefit. The treater indicates that the patient has not had knee therapy for the upper extremities. MTUS Guidelines regarding physical therapy recommends 8 to 10 sessions for myalgia and myositis, neuritis, neuralgia type of condition that this patient suffers from. While it would be reasonable to provide up to 10 sessions of physical therapy for the patient's ongoing symptoms, MTUS Guidelines do not recommend more than 10 sessions. Review of the reports provided do not show that the patient has had recent physical therapy and up to 10 sessions may be appropriate, but not the requested 12 sessions. It would also be appropriate to provide the patient with some physical therapy for wrist and hands, but again the request for 12 sessions which exceeds what is allowed by MTUS Guidelines. The Utilization Review letter makes reference to previous 26 sessions of physical therapy, but there is no timeframe for these therapy sessions. It may be that the patient had lengthy course of physical therapy in the past as alluded by the treating physician back in 2006. Therefore, based on guidelines and a review of the evidence, the request for Physical Therapy is not medically necessary.