

<b>Case Number:</b>	CM13-0071745		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	08/22/2008
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Texas. 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 49 year old male who reported an injury on 08/22/2008. The mechanism of injury was cumulative trauma. The injured worker had previously undergone a 2 level cervical disc replacement and a right-sided C5-6 and C6-7 laminoforaminotomy, and a right shoulder surgery. The documentation of 11/07/2013 revealed the injured worker had history of depression, back pain and carpal tunnel syndrome. On physical examination of the right shoulder, the injured worker had a positive drooping sign of the shoulder when viewed from the posterior aspect. The injured worker had atrophy of the supraspinatus/infraspinatus fossa compared to the left sided. The injured worker had intact isometric deltoid strength testing. The injured worker had tenderness to palpation on the inferior medial aspect of the scapula and in towards the spine region. The injured worker had tenderness to palpation over the rhomboids and the trapezius muscles and the AC joint region. The injured worker had a positive Tinel's at the right elbow and right wrist with numbness and tingling in the right radial fingers. The injured worker had positive scapulothoracic crepitus and positive winging of the scapula with attempted abduction and a wall push-up. The diagnoses included right cervical radiculitis C5-6 and C6-7, parascapular neuropathy secondary to cervical radiculitis, right shoulder scapulothoracic bursitis, status post cervical disc replacement at C5-6 and C6-7, questionable C6 nerve root injury from the cervical disc replacement, reflex sympathetic dystrophy of the right upper extremity, and right carpal tunnel syndrome. The treatment plan included an anesthetic injection. The physician opined the injured worker may be developing adhesive capsulitis and reflex sympathetic dystrophy from disuse atrophy of the shoulder. The injured worker was scheduled to undergo carpal tunnel release on 11/08/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 SESSIONS OF PHYSICAL THERAPY AT [REDACTED]: Upheld**

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines indicate that physical medicine with passive therapy can provide short term relief and is recommended for a maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the injured worker had previously undergone physical therapy. There was a lack of documentation of the objective functional benefit that was received and that the injured worker had functional deficits to support the necessity for further therapy. There was no DWC form RFA or PR-2 submitted requesting the therapy. The request as submitted failed to indicate the body part to be treated with physical therapy. Given the above, the request for 12 sessions of physical therapy at [REDACTED] is not medically necessary and appropriate.