

<b>Case Number:</b>	CM13-0071928		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	04/24/2010
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/16/2013
<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, has a subspecialty in 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 39 year old female who was injured on 04/24/2010 when she started to notice pain in her neck, right shoulder and upper extremities of which she attributes to the constant and repetitive typing and mouse clicking. Prior treatment history has included physical therapy to the right shoulder sometime in August of 2013. She was able to attend only one session since it interfered with her work schedule. She has received trigger point injections in the right paracervical and trapezius muscles which enabled her to decrease her Soma. Diagnostic studies reviewed include MRI scan of the right shoulder dated 08/14/2013 revealing: 1) There is a small amount of fluid within the subdeltoid and subacromial bursal space compatible with mild changes of bursitis. 2) Distal rotator cuff tendons are intact without evidence of rotator cuff tendon tear. 3) A cluster of small subcortical degenerative cysts/geode formation is also shown in the superolateral right humeral head measuring up to 4 mm in diameter. Re-evaluation note dated 11/26/2013 documented the patient with continued complaints of pain in her neck, right upper extremity and right shoulder. She reports that Voltaren 1% gel has helped to reduce the right shoulder pain. She continues with physical therapy. She has now completed two series of six sessions of therapy. She saw her primary care physician yesterday and states that he has requested an additional six physical therapy sessions for her shoulder. Objective findings on examination of head and neck reveal there are two points of focal spasm and tenderness with positive trigger points, one in the right paracervical muscle and one in the right trapezius muscle. There is decreased range of motion of the cervical spine especially with right lateral rotation limited by pain. An examination of the upper extremities reveals no focal deficits at this time. Diagnoses: 1. C5-C6 3 mm herniated nucleus pulposus. 2. Right C6 radiculopathy. 3. Right paracervical and trapezius myofascial pain and spasm with identifiable trigger point with palpable cord and positive twitch response.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **6 ADDITIONAL PHYSICAL THERAPY SESSIONS:** Upheld

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

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

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines recommends physical therapy for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients should also be instructed in continuing active therapies at home as an extension of the treatment process. The patient has had approximately 14 sessions of physical therapy (on 10/24/13 she had received 8 sessions and it appears an additional 6 were approved according to the UR and subsequent PR notes). The guidelines recommend allowing for fading of treatment frequency from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. There is no documentation in the records that the patient has received or is actively participating in physical medicine modalities at home. Further, there is no documentation of the patients improvements with the current physical therapy received. The 09/16/2013 physical examination documented range of motion of the right shoulder equal to the left shoulder, there was mild (4+/5) muscle strength at the right shoulder flexors but all other were 5/5. There was no indication of improvement with the 14 prior physical therapy sessions or documentation that the patient has been active in a home therapy regimen. Based on the guidelines and clinical documentation stated above, the request is not medically necessary. The request is not medically necessary and appropriate.