

<b>Case Number:</b>	CM13-0072480		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	02/16/2012
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	11/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 patient is an employee of [REDACTED], and has submitted a claim for neck and shoulder pain associated with an industrial injury date of 02/16/2012. The treatment to date has included: medications, two (2) episodes of cervical epidural spinal injections, and left shoulder arthroscopy, subacromial decompression, acromioclavicular (AC) joint resection and sling application on 02/06/2013. The medical records from 2012 through 2013 were reviewed, which showed that the patient complained of neck and shoulder pain. On physical examination of the cervical spine, there was normal lordosis and Spurling's test was negative. There was tenderness and muscle spasm over the paracervical musculature. The range of motion showed on flexion, chin to chest, extension at 30 degrees, lateral bend at 30 degrees bilaterally, rotation at 30 degrees bilaterally. Examination of the left shoulder showed well-healed scars. Neer's test, Hawkin's test, O'brien's test and Speed's test were all negative. There was no noted crepitus and acromioclavicular (AC) joint tenderness. The Apprehension test and crossover test were all negative. The resisted abduction strength is 5/5. The resisted external rotation strength is 5/5. There was no noted winging of the scapula. Range of motion of the left shoulder showed abduction at 170 degrees bilaterally, forward flexion at 170 degrees bilaterally, internal rotation at 60 degrees bilaterally and external rotation at 80 degrees bilaterally. An MR Arthrogram of the left shoulder dated 08/08/2012, revealed mild degenerative changes of the AC joint, tear at the labrum and the base of the superior labrum, extending anterior and posterior to the biceps anchor is consistent with superior labral tear from anterior to posterior (SLAP) tear. An MRI of the left shoulder dated 11/12/2012, showed acromioclavicular osteoarthritis, subacromial and subdeltoid bursitis and mild supraspinatus tendinitis. The utilization review from 09/27/2013 denied the request for physical therapy for the cervical spine (6 sessions) because an epidural spinal

injection has been non-certified hence there is no need for post epidural spinal injection physical therapy.

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

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

#### **PHYSICAL THERAPY FOR THE CERVICAL SPINE (6 SESSIONS): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

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

**Decision rationale:** According to the Chronic Pain Guidelines, a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment are paramount. In this case, the patient's indication for physical therapy was after epidural spinal injections. However, the request for spinal epidural injections was denied, hence, physical therapy is unnecessary. In addition to that, the patient already had sixteen (16) sessions of physical therapy. The guidelines state that patients are expected to continue active therapies at home in order to maintain improvement levels. She should be well-versed in a self-directed home exercise program by now. Furthermore, the medical records submitted and reviewed do not provide evidence of functional improvement derived from the previous physical therapy. Therefore, the request for physical therapy for the cervical spine (6 sessions) is not medically necessary.