

<b>Case Number:</b>	CM14-0102013		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/29/2012
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Family Medicine and is licensed to practice in Ohio. 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 53-year-old female with a cumulative date of injury ending August 29, 2012. She developed a gradual onset of pain in the neck, shoulders, elbows, low back, and wrists. She quit working January 8, 2013. She received an unspecified quantity of physical therapy to unspecified body parts beginning September 12, 2012. She underwent a left shoulder arthroscopy on January 7, 2014. At least 12 physical therapy visits were ordered postoperatively. There is a reference to the physical therapy in a treating physician's notes stating that she was improving slowly. In another physician's note, there is reference to physical therapy done prior to her left shoulder arthroscopy which revealed temporary relief at best. MRI scans of the cervical and lumbar spine revealed multilevel degenerative disc disease and disc herniations. Electrodiagnostic studies revealed carpal tunnel syndrome bilaterally. The physical exam reveals diminished range of motion of both shoulders, the cervical spine, and the lumbar spine. There is tenderness to palpation of the cervical paraspinal musculature and the lumbar facet joints. The lower extremity neurologic exam is normal. The diagnoses include chronic neck strain, multilevel cervical disc disease, partial tear of left rotator cuff tendon, subacromial impingement syndrome on the left, bilateral shoulder tendinitis, lumbar degenerative disc disease, fibromyalgia, lumbar facet disease, chronic pain syndrome, and adjustment disorder with a mixed anxiety/depressed mood. It should be noted that no physical therapy notes have been included for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 x 6 for the cervical spine, thoracic spine, and both shoulders (18 sessions):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8 of 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Cervical, Lumbar, Physical Therapy.

**Decision rationale:** The Official Disability Guidelines allow for 24 physical therapy visits for the shoulder after arthroscopy and 10 physical therapy visits over 8 weeks for impingement syndrome. The guidelines allow for 10 visits over 8 weeks for displacement of a cervical intervertebral disc with the same recommendations for the lumbar region. The preface of the Official Disability Guidelines state that there should be a six visit physical therapy trial to determine if more therapy is apt to be beneficial. In this instance, it is apparent that the injured worker has had several courses of physical therapy since September 2012. There are general statements available suggesting that little or no progress was a consequence of such therapy. Without an actual quantification of the number of physical therapy visits to date, dates of physical therapy, and results of physical therapy, the medical necessity of an additional 18 visits of physical therapy cannot be ascertained. Therefore, physical therapy 3 x 6 for the cervical spine, thoracic spine, and both shoulders (18 sessions) is not medically necessary for the reasons cited above.