

<b>Case Number:</b>	CM14-0018411		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	06/06/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 29-year-old male presenting with chronic pain following a work-related injury on June 6, 2013. On December 23, 2013 the patient complained of intermittent right shoulder pain, neck pain with radiation of pain and numbness down the right upper extremity. The physical exam was significant for tenderness to palpation at the paracervical and trapezius muscles, guarding on exam, slightly decreased flexion and extension, tenderness to palpation at the anterior right shoulder, flexion at 90/180, external rotation at 80/90 and internal rotation at 60/90. MRI of the cervical spine was significant for reversal of cervical lordosis which may be positional in nature or due to muscle spasms, this desiccation at C2-3 down to C6-7, C5-C6 diffuse disc herniation which causes stenosis of the spinal canal, C6-7 disc herniation which causes stenosis of the spinal canal. MRI of the right shoulder was significant for tendinosis of the supraspinatus, possible superior labral tear, irregular articular cartilage. The claimant was approved previously for physical therapy. The claimant was diagnosed with shoulder sprain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2X WEEK X 4 WEEKS RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

**Decision rationale:** Page 99 of Ca MTUS states " physical therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified (ICD-9 729.2) 8-10 visits over 4 weeks is recommended. The claimant's medical records does not document response to previous approved physical therapy. There is also lack of documentation that the claimant participated in active self-directed home physical medicine to maximize his benefit with physical therapy. Therefore, the request is not medically necessary.