

<b>Case Number:</b>	CM14-0114108		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	11/11/2009
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 and Pain Medicine, and is licensed to practice in Florida. 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 40-year-old female who reported an injury on 11/11/2009 due to cumulative trauma. Diagnoses were cervical disc degeneration and neck pain, right upper extremity shoulder pain/rotator cuff tendonitis, lateral epicondylitis, wrist tendonitis, left elbow/lateral epicondyle pain, right radial neuropathy, and signs and symptoms of CRPS right upper extremity, improved. Past treatments reported were physical therapy. Diagnostic studies were EMG and an MRI of the right shoulder. The MRI revealed anterior and posterior labral tears, and mild tenosynovitis of the long head of the biceps tendon within the bicipital groove. The tendon was still seen in its normal position within the groove. There was a tiny subacromial fluid collection measuring approximately 6 by 1 mm along the anterior aspect of the acromion. There was evidence of previous decompression surgery. No definite postsurgical decompression changes were seen. Physical examination on 06/05/2014 revealed complaints of continued discomfort throughout the right upper extremity and constant burning type of pain affecting the upper extremity from elbow to wrist. The injured worker reported pain level was reduced to about a 5/10 versus an 8/10. Examination revealed there was edema of the right hand compared to the left. There was pain on palpation of the proximal aspect of the wrist along both the proximal and distal carpal rows. Pain was increased with extremes of flexion and extension. There was soft tissue tenderness upon palpation along the flexor and extensor aspects of the forearm. There was discomfort on palpation of the right subacromial space and distal clavicle. There was pain in the right shoulder that increased with an attempt to abduct the arm above horizontal. Medications were Lyrica 50 mg. Treatment plan was for 12 physical therapy sessions of the right shoulder 2 times a week for 6 weeks. The rationale was not submitted. The Request for Authorization was submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **12 Physical Therapy right shoulder 2 x week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, shoulder procedure summary.

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

**Decision rationale:** The request for 12 Physical Therapy right shoulder 2 x week for 6 weeks is non-certified. The California Medical Treatment Utilization Schedule states that physical medicine with passive therapy can provide short term relief during early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling, and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis, and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. Physical examination on 06/05/2014 revealed that the injured worker indicated significant improvement with the inclusion of Lyrica 50 mg twice a day. Functional improvement was not reported from previous physical therapy sessions. Therefore, the request is non-certified.