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| <b>Case Number:</b>   | CM14-0120227 |                              |            |
| <b>Date Assigned:</b> | 11/14/2014   | <b>Date of Injury:</b>       | 08/14/2013 |
| <b>Decision Date:</b> | 12/22/2014   | <b>UR Denial Date:</b>       | 07/26/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/30/2014 |

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 22-year-old female with a date of injury of 08/14/2013. According to progress report 07/07/2014, the patient presents with right ankle, right shoulder, and right wrist pain. Patient is currently utilizing Flexeril 10 mg, ibuprofen, and Tylenol, which have been helping. Examination of the neck revealed moderate bilateral tenderness in the paracervical region. Examination of the shoulder revealed decreased range of motion with slight to moderate pain. There was supraspinatus tenderness to palpation and positive impingement sign. Examination of the left shoulder revealed slight pain with range of motion and positive impingement sign. MRI of the right shoulder from 06/12/2014 revealed, "Normal MRI of the right shoulder. No evidence of rotator cuff tendon tear or labral injury." The listed diagnoses are: 1. Joint pain, shoulder; 2. Wrist arthralgia; 3. Ankle/foot arthralgia; 4. Cervicalgia; 5. Spasm of muscles; 6. Shoulder sprain/strain, rotator cuff; 7. Sprain of wrist; 8. Sprain of ankle; 9. Cervical myofascial sprain/strain. Treating physician is requesting 12 sessions of physical therapy. Utilization review denied the request on 07/26/2014. Treatment reports from 11/07/2013 through 07/07/2014 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions of Physical Therapy for left shoulder:** Upheld

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

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

**Decision rationale:** This patient presents with neck, bilateral shoulder, and bilateral wrist complaints. The current request is for 12 sessions of physical therapy for the left shoulder. For physical medicine, MTUS Guidelines, pages 98 and 99, recommends, for myalgia and myositis type symptoms, 9 to 10 sessions over 8 weeks. Review of the medical file indicates the patient underwent 6 physical therapy sessions for patient's neck, shoulder, and wrist between 10/09/2013 and 11/07/2013. PT treatment reports were not provided for review. It does not appear that the patient has had any recent formalized physical therapy. The treating physician's request for 12 additional sessions exceeds what is recommended by MTUS. Recommendation is that the request is not medically necessary.