

<b>Case Number:</b>	CM14-0127530		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	11/11/2009
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Pain Medicine 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 records, presented for review, indicate that this 40-year-old female was reportedly injured on November 11, 2009. The most recent progress note, dated July 22, 2014, indicated that there were ongoing complaints of right upper extremity pain from the shoulder to the hand, as well as right lower cervical pain. The physical examination demonstrated soft tissue tenderness on palpation throughout the right arm with pain on palpation of the rotator cuff and subacromial space. There was tenderness to palpation over the extensor aspect of the right forearm and elbow, with increased pain with gripping of the right hand. There was discomfort with extension and lateral bending of the cervical spine towards the right, as well as pain on palpation of the mid portion of the trapezius and distal supraspinatus tendon. Additionally, there was tenderness to palpation of the proximal aspect of the tendon, of the long head of the biceps. Diagnostic imaging studies included an MRI of the shoulder from May 2014, which showed no rotator cuff tear, no significant tendinosis, no SLAP tear, but it did show some mild tenosynovitis of the long head of the biceps tendon within the bicipital groove, as well as a tiny subacromial bursal fluid collection, and minimal degenerative changes of the acromioclavicular joint. Previous treatment included a right radial nerve release in 2011, conservative therapy, physical therapy, and Lyrica. A request had been made for 12 physical therapy sessions for the right shoulder and was not certified in the pre-authorization process on August 7, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) Physical therapy sessions for the right shoulder (2x6): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99 of 127..

**Decision rationale:** MTUS guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis. It recommends a maximum of 8-10 visits over 4 weeks. The current request for #12 physical therapy sessions exceeds the amount supported by the Chronic Pain Treatment Guidelines. As such, this request is not considered medically necessary.