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| <b>Case Number:</b>   | CM14-0152499 |                              |            |
| <b>Date Assigned:</b> | 09/22/2014   | <b>Date of Injury:</b>       | 04/09/2012 |
| <b>Decision Date:</b> | 12/30/2014   | <b>UR Denial Date:</b>       | 09/16/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/18/2014 |

### 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 39-year old female with an injury date of 04/09/12. Based on the 09/16/14 progress report provided by treating physician, the patient complains of right shoulder and upper back pain. Physical examination revealed spasms and tenderness to palpation to the bilateral trapezius, and bilateral shoulder impingement. Physician states continue conservative management. Patient's medications included Naprosyn, Omeprazole, Flexeril, and Methoderm gel. Progress reports were handwritten and difficult to read. Per physician report dated 03/10/14, patient had right shoulder surgery 12/02/13, and had physical therapy on and off. MRI Right Shoulder 10/05/13- partial tear of supraspinatus tendon- minimal glenohumeral joint effusion- osteoarthropathy of acromioclavicular joint- minimal subacromial and subscapularis bursitis Diagnosis 03/10/14- status post cuff repair, right- impingement, left shoulder Diagnosis 09/16/14- chronic myofascial pain syndrome- chronic bilateral upper extremity repetitive strain injury- chronic lumbar spine strains- chronic right rotator cuff syndrome- chronic bilateral lumbosacral radiculopathy The utilization review determination being challenged is dated 09/16/14. Treatment reports were provided from 10/05/13 - 09/16/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy twice a week for three weeks for the right shoulder and upper back:** 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:** The patient presents with right shoulder and upper back pain. The request is for Additional Physical Therapy Twice a Week for Three Weeks for The Right Shoulder and Upper Back, request not documented in treatment reports. Patient is status post right rotator cuff repair 12/02/13. Patient's diagnosis dated 09/16/14 included chronic right rotator cuff syndrome, chronic bilateral lumbosacral radiculopathy, chronic bilateral upper extremity repetitive strain injury, and chronic myofascial pain syndrome. Patient's medications included Naprosyn, Omeprazole, Flexeril, and Menthoderm gel. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Physician report dated 09/16/14 states continue conservative management. Per physician report dated 03/10/14, patient "had physical therapy on and off, following right shoulder surgery on 12/02/13. The patient is not currently under post-operative time-frame. Progress reports do not discuss treatment history and the provider does not explain why therapy is being requested other than for subjective pain. There is no discussion of flare-up's, new injury or new symptoms warranting additional treatment. The requested 6 sessions would be reasonable, however a decision based on guidelines cannot be made without knowing treatment history. Therefore, Additional physical therapy twice a week for three weeks for the right shoulder and upper back is not medically necessary.