

<b>Case Number:</b>	CM14-0157195		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	05/15/2014
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Occupational 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 injured worker is a 58 year-old left-hand dominant female who sustained work-related injuries on May 15, 2014. Per June 19, 2014 records, she tripped on a metal plate on the asphalt drive way in the parking and fell forward hitting the wall with her left arm and onto her left knee. She complained of pain in the neck, shoulder, low back, knee, arm, and hip. She rated her pain as 9/10 with most severe in the low back. She described it as constant, burning, dull, and throbbing aggravated by bending, kneeling, pushing and pulling and lifting. Thoracic spine examination noted mild tenderness on the left trapezius muscle and/or rhomboids with mild spasm. A lumbar spine examination noted tenderness at the right lumbar paraspinals. A left hip examination noted mild tenderness over the lateral hip. A left knee examination noted tenderness over the left anterior knee. X-rays did not reveal any fracture or dislocation. However, acromial clavicular joint osteoarthritis was noted. On July 17, 2014, the injured worker returned to her provider and reported that she had undergone 3/6 physical therapies with mild improvement. She reported that her pain was stable and her arm pain was improving. She reported that her pain was primarily on the left trapezius muscle and neck but does not have much pain in the shoulder. However, she still complained of left lateral neck pain from behind the ear radiating at times down the left arm which she reported felt like a throb and occurs when lying down. She also complained of "knots" in her left trapezius muscles. She rated her pain as 5/10. Shoulder examination noted mild tenderness over the upper arm. X-rays revealed degenerative changes of the cervical spine with anterior lipping and loss of normal curvature. Magnetic resonance imaging (MRI) of the left shoulder without contrast dated September 16, 2014 documents (a) lateral outlet stenosis impingement related tendinosis and peritendinitis of both the supraspinatus and infraspinatus tendons distally about the footplate. Interstitial tearing without retraction of supraspinatus tendon distally about the footplate; (b) tendinosis without splint tearing of the long head biceps tendon

intrascapular arcuate segment; and (c) inflamed hypertrophic acromioclavicular (AC) joint arthrosis with subacromial/subdeltoid bursitis. There was small-to-moderate joint effusion.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Physical Therapy 2 x 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

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

**Decision rationale:** Evidence-based guidelines indicate that an initial trial of six physical medicine sessions (including physical therapy, chiropractic, acupuncture, occupational, etc.) is warranted to determine its efficacy in providing pain relief. In this case, the injured worker has been able to complete six out of six physical therapy sessions as documented in the September 23, 2014 records and the injured worker reported minimal improvements. However, there is indication that prior to physical therapy her pain was rated at 5/10 and recent records indicate that the injured worker rated her pain 9/10 which is also the initial pain level documented on her initial visit. This means that there has not been any significant improvement in pain levels. In addition, there is no documentation of significant functional improvements gained from previous physical therapy sessions. Therefore, it can be concluded that the medical necessity of the requested physical therapy twice per weeks is not medically necessary.