

<b>Case Number:</b>	CM14-0020941		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	11/27/2012
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and neck pain reportedly associated with an industrial injury of November 27, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier elbow lateral epicondylar release surgery on June 7, 2013; and work restrictions. In a utilization review report dated February 17, 2014, the claims administrator denied a request for eight sessions of physical therapy for the bilateral shoulders and cervical spine, stating that the attending provider did not furnish records as to what treatment had transpired for the cervical spine and shoulders and that it was uncertain how much prior treatment the applicant had had for these body parts. The applicant's attorney subsequently appealed. An earlier progress note dated February 4, 2014 was notable for comments that the applicant had persistent right elbow complaints as well as neck and shoulder complaints. The applicant had tenderness and tightness about the shoulder and neck which he attributed to over compensation for his original elbow injury. The applicant did have well-preserved strength and range of motion about the cervical spine and shoulders despite pain and tenderness about the paraspinal musculature. Trigger point injection therapy, physical therapy, and Flector patches were endorsed while the claimant was returned to part-time modified work at a rate of four hours a day. The remainder of the file was surveyed. There was no specific mention of the applicant having received prior physical therapy treatment for either the shoulders or the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 SESSIONS OF PHYSICAL THERAPY FOR THE BILATERAL SHOULDERS AND CERVICAL SPINE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, a general course of 9 to 10 sessions of treatment is recommended for myalgias and myositis of various body parts, the issue reportedly present here. In this case, the applicant has seemingly made strides with earlier physical therapy treatment involving the elbow. The applicant has returned to part-time modified work. It appears that the allegations of shoulder and neck pain arose later in the life of the claim, when the applicant stated that he had developed derivative issues as a result of compensating for his elbow pain. The eight-session course of physical therapy treatment for the shoulders and cervical spine is compatible with 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. The applicant has not had any prior treatment for the body parts in question. Therefore, the request for eight sessions of physical therapy for the bilateral shoulders and cervical spine is medically necessary.