

<b>Case Number:</b>	CM14-0021730		
<b>Date Assigned:</b>	05/05/2014	<b>Date of Injury:</b>	10/23/2002
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Family Medicine and is licensed to practice in Texas. 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 62-year-old female who reported an injury on 10/23/2002. The mechanism of injury is unknown. The injured worker complained of constant pain between her shoulder blades which radiated to the base of her neck. The injured worker described it as an aching pain with no complaints of upper extremity weakness. There was no measurable pain level documented. Physical examination dated 01/16/2014 revealed the range of motion of the cervical spine was limited to about 25% in all directions due to pain and guarding. A Spurling's test sign was negative. Motor strength was 5/5 and equal in the upper extremities bilaterally. Sensation was intact and equal in the upper extremities to palpation and light touch. The injured worker also revealed to have multiple myofascial trigger points noted throughout the neck and shoulder girdle, especially in between the shoulder blades. The submitted documentation noted an MRI was done. It was not noted the date the MRI was done or as to what was imaged. The injured worker has diagnoses of cervical sprain/strain with regional myofascial pain, lateral epicondylitis to the right, low back pain, and a history of carpal tunnel syndrome bilaterally. The injured worker's past treatment includes physical therapy, acupuncture, trigger point injections, massage therapy, chiropractic treatment, sciatic injections, and medication therapy. Medications include Valium 10 mg 1 tablet at night as needed for pain, Tylenol 650 mg 1 tablet as needed for pain, Vicodin 5/500 mg 1 tablet daily for pain, ASA 81 mg, and metoprolol 25 mg. The current treatment plan is for physical therapy to the neck for intrascapular pain. Rationale for physical therapy is treatment to help decrease pain and improve functional abilities to the injured worker. The request for authorization form was submitted on 01/16/2014 for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY FOR THE NECK AND INTERSCAPULAR PAIN, QTY: 8:**

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): 99.

**Decision rationale:** The request for physical therapy for the neck and interscapular pain, qty: 8 is not medically necessary. The injured worker complained of constant pain between her shoulder blades that radiated to the base of her neck. The injured worker also complained of aching pain to the upper extremities, with no weakness. No measurable pain level was documented. The California MTUS Guidelines may support 9-10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documentation indicated that she had previous physical therapy. The report lacked details regarding her prior treatment, including number of visits completed, and objective functional gains obtained were not provided. There was also lack of documentation indicating why continued therapy is needed and why an independent home exercise program would not be sufficient to address the remaining functional deficits. Based on the lack of objective evidence of functional improvement with previous visits, the appropriateness of additional physical therapy cannot be established. Furthermore, the request failed to indicate how often the visits were planned for. Therefore, due to the lack of documentation regarding previous physical therapy and when the physical therapy would be given was not specified in the request, the request is not supported. As such, the request for physical therapy for the neck and interscapular pain, qty: 8 is not medically necessary.