

<b>Case Number:</b>	CM14-0036251		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	10/05/2010
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 56-year-old female with a work injury dated 10/5/10. The diagnoses include shoulder pain and cervical pain. Under consideration is a request for additional 6 sessions of Tai Chi for shoulder and neck pain. There is a primary treating physician (PR-2) document dated 2/24/14 that states that the patient comes to office for neck pain, right upper extremity pain. The pain has increased since the last visit. She reports increased right shoulder pain occurs during work. She has completed 6/6 Tai Chi sessions for pain relief. She notes improved right mobility, range of motion and decreased right shoulder stiffness. She is motivated to continue more sessions. On exam there is no cervical lordosis, asymmetry or abnormal curvature noted on inspection of the cervical spine. Range of motion is restricted with right lateral bending limited to 35 degrees, left lateral bending limited to 35 degrees, lateral rotation to the left limited to 70 degrees and lateral rotation to the right limited to 70 degrees limited by pain but normal flexion and extension. On examination of paravertebral muscles, tenderness is noted on the right side. No spinal process tenderness is noted. Tenderness is noted at the trapezius. Spurling's maneuver causes pain in the muscles of the neck but no radicular symptoms. All upper limb reflexes are equal and symmetric. The right shoulder inspection of the shoulder joint reveals no swelling, deformity, joint asymmetry or atrophy. Movements are restricted with flexion limited to 175 degrees limited by pain and generalized pain with range of motion but normal extension, abduction, internal rotation and external rotation. Hawkins test is positive. Neer test is negative. Shoulder crossover test is negative. Empty Cans test is negative. Popeye's sign is negative. Speeds test is negative. Yergason's test is negative. On palpation, tenderness is noted in the biceps groove and subdeltoid bursa. Motor examination of the patient reveals normal tone, power of the muscles. Sensory examination reveals normal touch, pain, and temperature, deep pressure,

vibration, tactile localization and tactile discrimination. Upper and lower extremities responded normally to reflex examination. The treatment plan states that the patient completed 6/6 sessions of Tai Chi. She states this alternative therapy improved her right upper extremity range of motion and mobility. She also noted diminished right shoulder stiffness. The personal instruction was very beneficial in providing her with additional skills. She states regular sessions of Tai Chi would improve her pain secondary to repetitive movements from work. She is highly motivated to continue with further sessions.

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

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

**Additional 6 sessions of Tai Chi for shoulder and neck pain: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Tai Chi.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine p. 98-99 Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Tai Chi.

**Decision rationale:** Per the ODG guidelines The MTUS guidelines do not address Tai Chi, the ODG states that Tai Chi is recommended as an exercise-therapy option for arthritis, and for fibromyalgia. The documentation indicates that the patient had 6 sessions of Tai Chi already. The guidelines for MTUS physical medicine recommend up to 10 visits for this condition. A request for 6 more sessions would exceed the physical medicine guideline recommendations for her neck and shoulder condition. There is no specified number of visits for Tai Chi in the MTUS or ODG guidelines. The documentation indicates that the patient report increased right shoulder pain during work despite having 6 Physical Therapy sessions. The request for 6 sessions of Tai Chi for shoulder and neck pain is not medically necessary.