

<b>Case Number:</b>	CM14-0040786		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/10/1999
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 & 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 58 year old female with date of injury 10/10/99. The treating physician report dated 1/6/14 indicates that the patient presents with pain affecting the right shoulder rated a 8.5/10, left shoulder pain, bilateral hand pain with numbness, neck pain, headaches, low back pain, lower extremity pain bilaterally, esophageal spasms and dental pain. The current diagnoses are: 1.Cervical spine myoligamentous s/s. 2.Bilateral thoracic outlet syndrome. 3.Bilateral postoperative shoulder conditions. 4.Rule out internal derangement. 5.Bilateral carpal tunnel syndrome. 6.Costochondritis. 7.Thoracic spine s/s. 8.Rule out Fibromyalgia. 9.Depression. 10.Right subclavian bruit. The utilization review report dated 2/13/14 denied the request for 6 additional PT post-op therapy sessions right shoulder based on the rationale that the patient was previously authorized for 6 PT sessions and only 3 of those treatments were used.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six additional post-op therapy sessions right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with chronic pain affecting the shoulders, cervical spine, thoracic spine, lumbar spine with associated headaches and radicular pain. The current request is for 6 additional post-op therapy sessions right shoulder. In review of the treating physician report dated 1/6/14 there is no examination of the right shoulder, only the cervical spine. In reviewing the 527 pages provided for review there are multiple reports indicating prior orthopedic surgery of the right shoulder, however the surgery must have occurred prior to the first report provided which was dated 6/28/13. The MTUS post surgical guidelines do not appear to be the appropriate guidelines since the surgery must have occurred at least 6 months prior to this request. The MTUS guidelines allows 8-10 sessions of therapy for myalgia/myositis, neuritis/radiculitis type of symptoms that this patient suffers from. However, the physician does not provide any indication as to why additional therapy is being prescribed at this juncture. There is no current physical evaluation of the shoulder to justify why physical therapy is being prescribed. There is no way of telling why the patient requires additional physical therapy at this time. Therefore, the request for six additional post-op therapy sessions right shoulder is not medically necessary.