

<b>Case Number:</b>	CM14-0055462		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/18/2012
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 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 43 year old female who reported an injury on 09/18/2012. The mechanism of injury occurred after cleaning with a deep cleaning machine. The injured worker was diagnosed with left shoulder acromioclavicular osteoarthropathy with impingement, status post remote right knee surgery, chronic left knee pain, right ankle pain, and rule out cervical radiculopathy. The injured worker was treated with medications, physical therapy, and surgery. Diagnostic studies included an unofficial MRI on 07/05/2013. Noted on the clinical note dated 01/07/2014 the injured worker had lumbar decompression surgery at level L5-S1 on 02/25/2013 and right knee arthroscopic lateral retinacular release on 09/29/2011. The injured worker complained of left shoulder pain rated 7/10 and cervical spine pain rated 5/10. The injured worker had tenderness and limited range of motion to the left shoulder. There was tenderness to the cervical spine with flexion at 60 degrees and extension at 50 degrees. Spasms of the cervical trapezius and the cervical paraspinal musculature were decreased. The injured worker was prescribed lorcet plus 7.5/650mg, Anaprox 550 mg, protonix 20 mg, and flexeril 7.5 mg. The treatment plan was for the injured worker to attend physical therapy times 12 for the left shoulder and cervical neck to improve range of motion. The request for authorization was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy x 12, left shoulder, cervical neck: 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 injured worker is diagnosed with left shoulder acromioclavicular osteoarthropathy with impingement and rule out cervical radiculopathy. The injured worker complains of pain in the left shoulder rated 7/10 and cervical pain rated 5/10. The California MTUS guidelines recommend physical therapy in certain situations to restore flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The California MTUS guidelines recommend up to 8-10 visits of physical therapy for radiculitis with documentation of functional deficits. It is stated that the injured worker is able to maintain activities of daily living with her current pain medication regime for breakthrough pain, and that hydrocodone 7.5mg facilitates an average four point decrease in pain on a scale of 10. The injured worker has functional deficits with flexion at 60 degrees and extension at 50 degrees to the cervical spine. However, the medical records do not include a complete assessment which demonstrates quantifiable functional deficits to the left shoulder. As such, the request for physical therapy x 12, left shoulder, cervical neck is not medically necessary.