

<b>Case Number:</b>	CM14-0060149		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	01/27/2009
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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, 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 58-year-old female who reported injury on 01/27/2009 reportedly was standing in the warehouse when a shelf, approximately 2 stories above her, fell and struck her on the right side of her head and shoulder. She stated that she was knocked unconscious and recalled being driven to the hospital. She suffered a laceration over her right eye and also stated that she has since developed symptoms of depression and problems sleeping. The injured worker's treatment history included interferential unit, and hot/cold unit, surgery, and medications. The injured worker was evaluated on 04/08/2014, and it was documented that the injured worker complained of neck pain, back pain, right upper extremity pain, eye pain, mouth/teeth pain, psychiatric complaints, and sleeping problems. Objective findings revealed cervical spine tenderness to palpation and spasm bilateral paraspinal muscles/occipital muscles/sub occipital muscles/bilateral trapezii muscles/levator scapulae muscles, decreased range of motion, positive compression test; thoracic spine tenderness to palpation, spasm and trigger points bilateral upper/mid/lower thoracic regions, decreased range of motion; lumbar spine tenderness to palpation, bilateral paraspinal muscles/sacroiliac joints/sciatic notch/posterior iliac joints/gluteal muscles, spasms bilateral paraspinal muscles/gluteal muscles, decreased range of motion, positive straight leg raise on the right 45 degrees. Right shoulder well healed surgical portals, tenderness to palpation anteriorly/posteriorly/laterally/clavicle/biceps tendon groove/deltoid muscle/rotator cuff muscles, decreased range of motion, she was unable to perform the clinical test to decreased range of motion. Right elbow tenderness to palpation, decreased range of motion, positive Tinel's/Phalen's test. Decreased motor strength right upper extremity at 4/5, decreased sensation right anterolateral shoulder and arm/lateral forearm and hand. Decreased sensation right upper extremity median nerve distribution, decreased motor strength right lower extremity at 4/5, and decreased sensation right anterior knee/medial leg.

Diagnoses included status post blunt head injury, post-traumatic cephalgia, status post facial contusion with laceration, cervical spine disc herniations with radiculopathy, thoracic spine myofasciitis, lumbar spine disc disease, status post right shoulder surgery with residuals, right wrist carpal tunnel syndrome, right hand strain, sleep disturbance secondary to pain, traumatic injury to the teeth and mandible, bilateral anterior disc displacement with reduction. The Request for Authorization dated 04/01/2014 was for physical therapy 2 X 6 for cervical, lumbar, right shoulder; however, the rationale not submitted for this review.

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

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

**Physical Therapy 2 x 6 for cervical, lumbar, right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 269.

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

**Decision rationale:** The request is not medically necessary. The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured worker has had conservative care to include physical therapy. The provider failed to indicate long-term functional goals and outcome measurements of home exercise regimen. The requested amount of visits will exceed the recommended amount per the guidelines. Given the above, the request for physical therapy 2X6 for the cervical, lumbar, right shoulder is not medically necessary.