

<b>Case Number:</b>	CM14-0075802		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	10/03/2007
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 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 54 years old female with an injury date on 10/03/2007. Based on the 03/19/2014 progress report provided by [REDACTED], the diagnoses are: 1. Industrial injury to the left shoulder, cervical spine and bilateral hands on 10/03/2007. The patient has re-aggravation of these injuries from cumulative trauma of 2007 through 2011 as a custody assistant for the [REDACTED]. 2. Left shoulder MRI of June 2011 revealing partial cuff tear, impingement, AC joint arthrosis, tendinitis and bursitis. 3. Cervical spine MRI of Oct. 2011 revealing multilevel degenerative disc disease. 4. Carpal tunnel syndrome of the left hand. 5. MRI of the left shoulder on Jan. 2013 revealing partial rotator cuff tear, AC joint arthrosis, bursitis and impingement. 6. Current diagnosis of breast cancer undergoing chemotherapy radiation and potential surgical intervention. According to this report, the patient complains of left shoulder pain. Patient "has previously been authorized for diagnostic and operative arthroscopy to the left shoulder for impingement." However, this surgical intervention has been delayed due to a recent diagnosis of breast cancer. The patient also complains of neck pain with muscle spasm that radiates down into the left shoulder with numbness and tingling. Physical exam reveals tenderness over the subacrominal bursal space, shoulder girdle musculature, and cervical paraspinal muscles. Neer, Hawkins, Tinel's and Phalen's test are positive. Range of motion of the cervical and shoulder are decreased with pain. The 12//18/2013 report indicates patient "has recently been approved for physical therapy for her left shoulder;" unknown numbers of sessions approved. There were no other significant findings noted on this report. The utilization review denied the request on 05/19/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/16/2013 to 09/10/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy for Left Shoulder and Cervical Spine 2 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** According to the 03/19/2014 report by [REDACTED] this patient presents with left shoulder pain and neck pain with muscle spasm that radiates down into the left shoulder with numbness and tingling. The provider is requesting 12 additional sessions of physical therapy for left shoulder and cervical spine. The utilization review denial letter states "This patient had been authorized for surgery of the shoulder; however, this surgery has been delayed due to a diagnosis of breast cancer and treatment of this condition." UR further states "There is no clear medical necessity for additional PT prior to shoulder surgery." For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available records show no therapy reports and there is no discussion regarding the patient's progress from prior therapy. The provider does not discuss the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the provider provide monitoring of the patient's progress and make appropriate recommendations. In addition, the requested 12 sessions exceed what is allowed by MTUS guidelines. Therefore, this request is not medically necessary.