

<b>Case Number:</b>	CM13-0047234		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/21/2012
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 38 year old employee with date of injury 2/21/12. Medical records indicate the patient is undergoing treatment for right shoulder high grade partial thickness rotator cuff tear vs high grade tendinopathy; right shoulder impingement syndrome; cervical spondylosis; cervical radiculopathy; myofascial pain syndrome; left shoulder arthroscopic rotator cuff repair with subacromial decompression and extensive debridement. Subjective complaints include bilateral shoulder and arm pain rated 6/10 on pain scale. There is pain and clicking in the right shoulder. Pain is worse with physical activity and improved with medication and rest. The patient has improvement with acupuncture. The patient complains of difficulty sleeping; anxiety, heartburn and the inability to concentrate. Objective complaints include passive range of motion (ROM)- forward elevation 165 degrees, external rotation 80 degrees and internal rotation to T12 on the right shoulder. Strength is 5/5 with internal and external rotation; 4/5 with thumbs down abduction and positive O'Brien's. Neurovascularly intact distally. There is pain with most motions of the shoulder. A cervical MRI demonstrates small disc bulges causing mild central stenosis C3/4 - C4/5 with no significant left neuralforaminal stenosis; minimal disc bulge slightly indents the ventral thecal sac without significant central or neural foraminal stenosis C5/6 - C6/7; C7 -T1 far left lateral disc osteophyte complexes causing mild left neural foraminal stenosis with no significant central or right neural foraminal stenosis. There is cervical tenderness to palpation of the bilateral paravertebral musculature. Extension and rotation are limited due to pain. Foraminal closure elicits radiating pain down the left upper extremity to just before the elbow on the right side. Associated numbness is found in the C6/7 distribution on the right side and C4/5 distribution on the left side. Treatment has consisted of physical therapy, home exercise program, acupuncture, water therapy, and modified work duty with restrictions. Medications include Naproxen, Lidocaine patches, Salonpas patches, Tramadol and Zanaflex. Corticosteroid

injection in right shoulder. The utilization review determination was rendered on 10/22/13 recommending non-certification of decision for PHTH - continued Physical Therapy, two (2) times a week for four (4) weeks for the Cervical Spine and Right Shoulder.

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

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

**PHTH - continued Physical Therapy, two (2) times a week for four (4) weeks for the Cervical Spine and Right Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 65-194; 196-219, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Neck and Upper Back, Physical Therapy.

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. The patient was certified for 8 physical therapy sessions which is consistent with MTUS and ODG guidelines for initial 'trial' of treatment. Additionally sessions may be warranted based on the progress during the initial treatment sessions. ODG writes regarding neck and upper back physical therapy, "Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion." ODG further quantifies its cervical recommendations with Cervicalgia (neck pain); Cervical spondylosis = 9 visits over 8 weeks Sprains and strains of neck = 10 visits over 8 weeks. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. Medical documentation provided indicate that this patient has attended PT in the past and should be able to follow a home exercise program. The treating physician does not detail extenuating circumstances that would warrant exception to the guidelines. As such, the request for PHTH - continued Physical Therapy, two (2) times a week for four (4) weeks for the Cervical Spine and Right Shoulder is not medically necessary.