

<b>Case Number:</b>	CM13-0052228		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/01/2005
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 Occupational Medicine, and is licensed to practice in New York & North Carolina. 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, a 56 year old woman, who states she was, injured 9/1/2005 after working 26 years as a recordable document specialist, requiring repetitive typing, lifting, and carrying. She is diagnosed with rotator cuff sprain/strain, as well as neck sprain/strain and lumbar disc displacement. Her neck pain radiates to the left arm, and she has limited ROM. Treatment includes acupuncture, physical therapy, subacromial steroid injection with ultrasound guidance and Diclofenac. MRI of the cervical spine showed mild central canal narrowing C4-C7, mild left neuroforaminal narrowing and severe right foraminal stenosis at C4-5, mild disc osteophyte complex formation and disc osteophyte complex formation at C6-7. Her treating physician is requesting the reversal of the 11/5/13 denial of his request for 6 visits of physical therapy for her left shoulder and consultation with a spinal surgeon. At the time of the request, nerve testing was being scheduled and not available for review. The reviewer noted that the decision for spine surgery consultation depended on the outcome of the EMG studies. The physical therapy was denied because there was no information about its effectiveness in managing this patient's pain and decreased range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) Physical Therapy Sessions for the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

**Decision rationale:** CA MTUS guidelines allow for physical therapy. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Physical Medicine Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Per the review, the patient had already had 6 visits of physical therapy. There were no physical therapy notes to review that would explain the need to go beyond the 9-10 visits recommended by this guideline. I agree with the denial and do not find there was evidence supporting the medical necessity of this request.

**Spine Consult:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations Chapter 7, page(s) 127.

**Decision rationale:** The treating physician has requested consultation with a spine specialist because of his patient's continued cervical pain with radiation down the arm. Per the ACOEM guidelines (CA-MTUS is silent on the matter) on consultations, a consultation can be made to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or the examinee's fitness for return to work. It is acceptable that the physician sought consultation to determine the cause of the patient's ongoing neck and arm pain. The consultant can put all of the information together for a diagnosis and treatment recommendation, regardless of the results of individual tests. I agree with the request, as the treating physician needed this expertise and input in the management of his case, therefore, this request is medically necessary.