

<b>Case Number:</b>	CM14-0162987		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	12/17/2001
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 Rehab, 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 53 year old female with an injury date on 12/17/01. The patient complains of worsening neck and shoulder pain per 9/4/14 report. The patient does not feel that Ultram is helping her pain anymore per 9/4/14 report. The patient feels that shoulder injection helped with the pain per 9/4/14 report. The patient is not currently doing a home stretching program, and was never taught to do a home exercise/stretching program per 9/4/14 report. The patient stated that her numbness (unspecified) was related to generic Xanax, and since changing to regular Xanax, saw that her symptoms were relieved per 3/6/14 report. Based on the 9/4/14 progress report provided by the treating physician, the diagnoses are: 1. neck pain 2. neuropathic pain syndrome A physical exam on 9/4/14 showed "limited range of motion at end of range of right shoulder. 4/5 strength in right upper extremity. Tenderness to palpation in right shoulder and neck region." The patient's treatment history includes medications, shoulder injection (unspecified), massage. The treating physician is requesting physical therapy right shoulder Qty: 10, and physical therapy neck. The utilization review determination being challenged is dated 9/12/14 and modifies request for physical therapy right shoulder from 10 to 6 sessions, and modifies request for physical therapy neck from 10 to 6 sessions. The requesting physician provided treatment reports from 3/6/14 to 9/4/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy right shoulder QTY: 10.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Work Loss Data Institute; ODG Treatment in Workers' Compensation, 9th Edition, 2011, Physical Therapy Guidelines

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

**Decision rationale:** This patient presents with neck and shoulder pain. The treater has asked for physical therapy right shoulder QTY: 10 on 9/4/14. A review of the reports does not show any evidence of physical therapy being done in the recent past. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient has worsening neck and right shoulder pain. There is no record of recent therapy and a short course of treatment may be reasonable for a flare-up, declined function or new injury. The patient has had a recent exacerbation of right shoulder pain, and the requested 10 sessions of physical therapy are reasonable and within MTUS guidelines. However, this request for 10 physical therapy sessions for the right shoulder is in conjunction with a concurrent request for 10 sessions for the neck. As the combined 20 sessions exceed MTUS guidelines, the request is not medically necessary.

**Physical therapy neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Work Loss Data Institute; ODG Treatment in Workers' Compensation, 9th Edition, 2011, Physical Therapy Guidelines

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

**Decision rationale:** This patient presents with right shoulder pain, and neck pain. The treater has asked for physical therapy neck on 9/4/14. As the requesting progress report does not specify the number of sessions, the utilization review letter dated 9/12/14 was consulted, and it further clarifies the request as "10 sessions." Review of the reports does not show any evidence of physical therapy being done in the past. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient has worsening neck and right shoulder pain. There is no record of recent therapy and a short course of treatment may be reasonable for a flare-up, declined function or new injury. The patient has had a recent exacerbation of neck pain, and the requested 10 sessions of physical therapy are reasonable and within MTUS guidelines. However, this request for 10 physical therapy sessions for the neck is in conjunction with a concurrent request for 10 sessions for the shoulder. As the combined 20 sessions exceed MTUS guidelines, the request is not medically necessary.