

<b>Case Number:</b>	CM14-0186359		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	06/20/1993
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 American Board Internal Medicine 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:

This is a female who slipped at the supermarket and fractured her left arm on 6/20/1993. Medical history includes breast cancer diagnosed in May 2014; she underwent chemotherapy and had a lumpectomy of the left breast on 7/25/14. Other diagnoses included spinal enthesopathy of the cervical region, disorder of the shoulder joint, anxiety disorder, and mood disorder. The injured worker also underwent shoulder surgery in 1992. The injured worker was prescribed multiple medications including Norco and Percocet. She used ice packs, and a TENS unit for pain relief and reduction in muscle spasms. She had trigger point injections in 2006 that was noted to have benefit. The injured worker returned to work full time with no restrictions on 12/2/2013 and continued to work until 6/30/14 she was then laid off due to inability to do her job. The injured worker stated she had 12-21 past physical therapy sessions for the neck and right shoulder that had benefit. On 11/3/14 the treating physician noted the injured worker had complaints of muscle spasms in the right paracervical muscles to the right trapezius and down the right arm to the right and little fingers. She also had complaints of numbness in the right arm and headaches extending from the neck around the ears to behind the eyes. The injured worker reported the pain decreased with ice, heat, physical therapy, and medical management. The treating physician noted the range of motion of the neck was diminished and she had referred pain down the arm and in the paracervical muscles with palpable bands and with twitch. On 11/3/14 the treating physician noted the injured worker has benefited from physical therapy in the past and would likely benefit from a new course of physical therapy. The injured worker was temporarily partially disabled. On 10/29/14 the utilization review (UR) physician denied the request for 16 physical therapy session for the neck and right shoulder. Due to the injured worker having already completed 12- 21 therapy sessions the UR physician noted the requested 16 physical therapy sessions was more than typically recommended for chronic myofascial or

radicular pain without evidence of functional improvement and a self-directed home exercise program would be sufficient.

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

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

#### **16 physical therapy visits for neck & right shoulder: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Physical Therapy

**Decision rationale:** Pursuant to the Official Disability Guidelines, 16 physical therapy visits for the neck and right shoulder are not medically necessary. The guidelines state patients should be formally assessed after six visit clinical trial to see if the patient is moving in a positive direction, no direction, or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guidelines, exceptional factors should be noted. Neuritis, neuralgia and radiculitis, unspecified received 8 to 10 visits over four weeks. In this case, the injured worker received 12 out of 21 approved physical therapy sessions for the neck and shoulder regions as of July 2014. The documentation did not show any evidence of decreased pain or objective improvement. Additionally, guidelines recommend gradual fading of active treatment with subsequent self-directed home exercise for continued care. According to the guidelines chronic myofascial pain and radiculitis recommended 8 to 10 visits. A review of the record shows the injured worker received 12 out of 21 physical therapy sessions which is more than typically recommended for the presenting symptoms and signs. The injured worker has had ample exposure to physical therapy and exercise instruction that could be continued on the self-directed basis at home. Consequently, physical therapy 16 additional physical therapy visits for the neck and right shoulder are not medically necessary.