

<b>Case Number:</b>	CM14-0189602		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	10/13/2010
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 42 year old male with an injury date of 10/13/10. Based on the 06/13/14 progress report, the patient complains of radiating left leg pain and low back pain. There is some pain behavior when standing from seated position. The 08/22/14 report states that he patient continues to have radiating left leg symptoms and back pain. There are no new exam findings provided. The 10/15/14 report indicates that the patient also has headaches with nausea, dizziness, and difficulty sleeping. He has constant sharp aching neck pain which radiates to his bilateral shoulders, elbow, and arm. He rates his neck pain as an 8/10. The patient has bilateral shoulder pain which radiates to his bilateral upper arm. He rates his shoulder pain as an 8/10 as well. The patient has constant sharp low back pain with flare-ups which radiates to the bilateral anterior and posterior lower extremity to the feet. This pain is associated with numbness, weakness, tingling, and a burning sensation. He experienced bladder and bowel problems. Examination reveals tenderness to palpation over the cervical spine on the left side. He has pain with positive flexion and extension of the cervical spine as well as pain radiating from his neck to the top of his shoulder. In regards to the left shoulder, the "patient has obvious impingement sign and decreased range of motion. He has positive Apprehension test of the left shoulder. For the lumbosacral spine, the patient walks with an antalgic gait, has a positive Kemp's test, has a decreased range of motion, and has ongoing radiculopathy symptoms. The patient is currently not working and is placed on temporary total disability. On 03/25/14, the patient had lumbar L4-S1 fusion and shoulder arthroscopy surgery. The 09/22/14 MRI of the left shoulder revealed the following: Postsurgical changes are noted with evidence of prior rotator cuff repair. There is no

evidence of rotator cuff re-tear Hypertrophic osteoarthropathy of the acromioclavicular joint Mild osteoarthritic changes of the glenohumeral joint. The patient's diagnoses include the following: Cervicalgia (neck pain) Cervical spine radiculitis/neuritis (nos) Left shoulder impingement syndrome Status post left shoulder surgery Lumbago (pain in lumbar spine) Lumbar spine radiculitis/neuritis (nos) Status post lumbar spine surgery. The utilization review determination being challenged is dated 10/24/14. Treatment reports were provided from 04/11/14- 10/23/14.

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

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

**Physical Therapy 2xWk x 6Wks Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical MTUS guidelines Page(s): 26-27.

**Decision rationale:** According to the 10/15/14 report, the patient presents with neck pain, shoulder pain, back pain, headaches, nausea, dizziness, and difficulty sleeping. The request is for physical therapy 2 x week x 6 weeks left shoulder to increase range of motion, improve overall functional capacity and activities of daily living, and expedite the patient's return to work. The utilization review denial letter states "the patient has attended 20 visits of physical therapy to an unspecified body part." Review of the reports show that the patient had six physical therapy sessions for his lumbar spine from 04/23/14- 05/14/14 and five physical therapy for his lumbar spine from 06/09/14- 06/27/14. Reports provided do not indicate if the patient has had any prior physical therapy for his left shoulder. Post surgical MTUS guidelines pages 26-27 allow for the following: Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks Postsurgical physical medicine treatment period: 6 months. In this case, the patient had a lumbar L4-S1 fusion and shoulder arthroscopy on 03/25/14. The patient is not within post-operative time frame. Therefore, MTUS page 98-99 was referred to. For Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. The treater has requested for a total of 12 sessions of physical therapy which exceeds what is allowed by MTUS. The request is not medically necessary.