

<b>Case Number:</b>	CM14-0194462		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	01/01/2004
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Rehabilitation, 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 69-year-old female with an injury date of 01/01/14. On 08/07/14 she reported ongoing neck pain with radiculopathy. She also has right shoulder pain, rotator cuff tear, and disability throughout her cervical spine, upper extremities, and both shoulders. The physician reported in progress notes of 01/01/14 the following: tenderness to palpation, increased muscle rigidity, and numerous trigger points in posterior cervical muscles, as well as decreased range of motion for cervical flexion and extension, and in the left shoulder. Since physiotherapy, pain is improved. The physician states, "The (physical) therapy is helping her be more active and perform her ADL's." MRI imaging studies of the shoulders and cervical spine were taken between 03/29/10 and 02/23/12 and revealed high-grade tendinopathy of the left supraspinatus tendon; tendinosis and peritendinitis of the right supraspinatus, supraspinatus tendons tears; lateral down sloping acromion with outlet impingement and hypertrophic osteoarthropathy of the acromioclavicular joint. Disc protrusion of cervical roots bilaterally at C6-7 and C5-6 disc protrusion is also noted. Surgery: Arthroscopic surgery, left shoulder 03/13/13. Diagnosis: (Per Assessment 08/07/14), 1. Right upper extremity complex regional pain syndrome, (CRPS Type 1), 2. Status post right epicondylectomy, 09/23/05, 3. Right ulnar neuropathy, 4. Reactionary depression/anxiety, 5. Cervical spine sprain/strain syndrome, 6. Right shoulder impingement syndrome, secondary to #1 and 2, 7. Medication-induced gastritis, 8. Failed spinal cord stimulator trial times two, 9. Left shoulder internal derangement, status post arthroscopic surgery, 03/13/13. The utilization review determination being challenged is dated 10/24/14. The rationale provided was "The clinical information submitted for review fails to meet the evidence-based guidelines for the requested service." Three treatment reports were provided between 03/28/14 and 11/17/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **12 PHYSICAL THERAPY VISITS FOR THE CERVICAL SPINE AND BILATERAL SHOULDERS:** Upheld

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

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

**Decision rationale:** This patient presents with neck pain with radiculopathy. She also has right shoulder pain, rotator cuff tear, and disability throughout her cervical spine, upper extremities, and both shoulders. The request is for 12 PHYSICAL THERAPY VISITS FOR THE CERVICAL SPINE AND BILATERAL SHOULDERS. MTUS pages 98-99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98-99 continues to state that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." It is unknown how many total sessions of physical therapy the patient has had and when these sessions took place. Review of reports does not show rationale for the treater's current request for additional therapy. There is no explanation as to why the patient needs more therapy. In addition, the requested 12 sessions of physical therapy exceeds what is allowed per MTUS. This request is NOT medically necessary.