

<b>Case Number:</b>	CM14-0207113		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	10/19/2009
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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. 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

### 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 injured worker is a 47 year old female, who sustained an industrial injury on 10-19-2009. She has reported injury to the right shoulder and right upper extremity. The diagnoses have included: extremity pain; shoulder pain; wrist pain; carpal tunnel syndrome; myofascial pain; right cervical facet syndrome; and status post right shoulder arthroscopy, debridement, and subacromial decompression, on 06-13-2012. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, psychotherapy, physical therapy, and surgical intervention. Medications have included Norco, Lidoderm patch, and Cymbalta. A progress report from the treating physician, dated 11-21-2014, documented an evaluation with the injured worker. The injured worker reported: neck pain and right shoulder pain; the pain level has decreased since the last visit; she reports nausea on this visit; the level of sleep has stayed the same; quality of sleep is fair; she is not trying any other therapies for pain relief; her activity level has decreased; her stress has increased; she discontinued Cymbalta due to nausea; she received a TENS unit through her private insurance; she continues pain coping skills group and notes that is has been very helpful; and she is working full time. Objective findings included: she appears to be in mild distress, depressed, in moderate pain, and tearful; she ambulates without a device; cervical spine range of motion is restricted with pain; tenderness is noted at the paracervical muscles and trapezius; inspection of the right shoulder reveals surgical scars; movements are restricted with pain; Hawkin's test is positive; left shoulder movements are restricted with pain; light touch sensation is normal in the extremities examined; and the biceps reflex, brachioradial reflex, and triceps reflex are noted as 1 out of 4 on both

sides. The provider has noted that the injured worker has completed 11 of 12 sessions of physical therapy and "she has noted most pain reduction with deep tissue massage and ultrasound therapy; significant pain relief after therapy due to use of TENS unit, ultrasounds, and massage". The treatment plan has included the request for physical therapy for right upper extremity and right shoulder quantity 6. The original Utilization Review, dated 12-05-2014, non-certified the request for physical therapy for right upper extremity and right shoulder quantity 6.

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

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

**Physical Therapy for Right Upper Extremity and Right Shoulder (6-sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation ODG-TWC Treatment Guidelines, Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** According to the MTUS guideline cited, physical medicine for myalgia is 9-10 visits over 8 weeks, while neuralgia is 8-10 visits over 4 weeks. In all cases, injured workers are instructed and expected to continue active therapies at home to maintain improvement levels. In the case of this injured worker, physical medicine may be a reasonable treatment option for her diagnoses, since she has had pain reduction with previous visits. However, during her previous physical therapy (11/12 visits), she should have been taught how to be able to execute a home exercise program. Thus, the request for additional physical therapy for right upper extremity and right shoulder #6 is not medically necessary and appropriate.