

<b>Case Number:</b>	CM14-0047435		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	08/15/2011
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 & Rehabilitation

### 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 54 year old female, who sustained an industrial injury on 8/15/2011. The current diagnosis is bilateral shoulder sprain/strain. Currently, the injured worker complains of right shoulder/arm pain. The pain is rated 6-7/10, which has decreased from 8/10 from the last visit. The physical examination of the shoulders reveals grade 2 tenderness to palpation and restricted range of motion bilaterally. Medications prescribed are Fluriflex, Relafen, Cyclobenzaprine, and Omeprazole. Treatment to date has included medications and 6 physical therapy sessions. The treating physician is requesting 12 physical therapy sessions to the right shoulder, which is now under review. On 4/11/2014, Utilization Review had non-certified a request for 12 physical therapy sessions to the right shoulder. The physical therapy was modified to 6 sessions to transition the injured worker to a home exercise program. The California MTUS ACOEM Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical Therapy visits 2 times a week for 6 weeks, right shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

**Decision rationale:** The patient presents with pain the middle/upper back rated 6/10 and bilateral shoulder pain rated 6/10. The patient's date of injury is 08/15/11. Patient has no documented surgical history directed at these complaints. The request is for 12 PHYSICAL THERAPY VISITS 2 TIMES A WEEK FOR 6 WEEKS, RIGHT SHOULDER. The RFA was not provided. Physical examination dated 03/06/14 reveals grade 2 tenderness to palpation over the cervical paraspinal muscles, restricted cervical range of motion. Lumbar examination reveals grade 2 tenderness to palpation over the lumbar paraspinal muscles with palpable spasm noted and positive straight leg raise test bilaterally. Bilateral shoulder/arm examination reveals grade 2 tenderness to palpation and restricted range of motion. The patient is currently prescribed Fluriflex, Relafen, Cyclobenzaprine, and Omeprazole. Diagnostic imaging was not included. Per 04/11/14 progress note patient is classified as temporarily totally disabled for 4 weeks 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 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In regards to the request for 12 physical therapy sessions for the management of this patient's chronic pain, the treater has specified an excessive number of sessions. Documentation provided indicates that this patient has undergone 6 physical therapy sessions to date with the patient reporting some improvement of symptoms. ODG supports 9-10 visits for complaints of this type, treater has requested 12 in addition to the 6 already completed. In addition to the excessive number of requested sessions, the treater does not document why this patient has been unable to transition to home-based therapy following supervised therapy. Therefore, the request IS NOT medically necessary.