

<b>Case Number:</b>	CM14-0053685		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	11/27/2006
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 Rehab, 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 46 year old female with an injury date of 11/27/06. Based on the progress report dated 02/25/14, the patient complains of worsening cervical spine pain along with right shoulder and arm pain. She also complains of left TMJ pain. The patient suffers from gastritis secondary to NSAID use as well. Physical examination reveals restricted and painful range of motion in the right shoulder along with tenderness over the greater tuberosity of the humerus. The impingement test is positive. Physical examination of the cervical spine reveals tenderness and spasms in the paraspinal musculature along with restricted and painful range of motion. Spurling's maneuver and foramina compression test are positive. The patient is taking pain medications (name not mentioned) to manage the condition, as per the same progress report. The patient's work status has been determined as permanent and stationary, as per progress report dated 02/25/14. Diagnoses, 02/25/14:- Facial contusion with TMJ strain with myofascial pain syndrome- Right shoulder tendinitis, impingement syndrome- Herniated cervical disc- Thoracic disc disease- Symptoms of anxiety and depression- Symptoms of insomnia- Gastritis, NSAID related. The treator is requesting PHYSICAL THERAPY 2 X WEEK X 3 WEEKS. The utilization review determination being challenged is dated 04/01/14. Treatment report provided was dated 02/25/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x Week x 3 Weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (updated 03/31/2014) - Physical Therapy Official Disability Guidelines (ODG), Shoulder (updated 03/31/2014) - Physical Therapy

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

**Decision rationale:** This patient presents with worsening cervical spine, right shoulder, and arm pain, along with restricted and painful range of motion, as per progress report dated 02/25/14. The request is for Physical therapy 2weeks x 3 weeks MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, only one progress report has been provided for review. In the report dated 02/25/14, the treater does not discuss prior therapy and its impact on pain and function. There is no documentation of the number of sessions and the date of prior treatment as well. Nonetheless, given the patient's date of injury, it is reasonable to assume that she has had prior therapy. In the report, the treater is requesting for additional physical therapy for "strength training, increasing range of motion, and decreasing pain." The patient appears to be in serious pain. The treater's request for 6 physical therapy sessions may help manage symptoms and improve activities of daily living. Additionally, the requested number of sessions falls within the range allowed by MTUS in non-operative patients. The request IS medically necessary.