MAXIMUS Federal Services

| Case Number: | CM14-0069280 | | |
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| Date Assigned: | 10/02/2014 | Date of Injury: | 11/13/2007 |
| Decision Date: | 01/02/2015 | UR Denial Date: | 05/05/2014 |
| Priority: | Standard | Application Received: | 05/14/2014 |

## 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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 54 year old female who sustained an industrial injury on 08/14/03 and 11/13/07. The request was for physical therapy two sessions a week for six weeks for cervical spine and right shoulder. Her cervical MRI from 09/10/13 showed progression of her DDD and disc protrusion resulting in spinal canal stenosis. The clinical note from 01/16/14 was reviewed. She was initially found to have carpal tunnel syndrome and underwent carpal tunnel release. She was working full time until 2007 when she developed neck, right shoulder and arm pain. Her complaints included neck pain, radiating down to right arm, right frontal headaches and shoulder pain. She was noted to have had no diagnostic studies of the right shoulder and no treatment for either the neck or shoulder since her injury of 11/13/07. Her medications included Norco and Ibuprofen. Pertinent examination findings included decreased range of motion of neck, positive Spurling's maneuver on rigth side, decreased abduction and flexion of right shoulder and normal sensation in both hands. Her diagnoses included cervical radiculopathy and primary right shoulder problem. An MRI of shoulder showed low grade partial tear of the supraspinatus tendon. The request was for physical therapy for cervical spine and right shoulder.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy #12 cervical and right shoulder:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The employee was a 54 year old female who sustained an industrial injury on 08/14/03 and 11/13/07. The request was for physical therapy two sessions a week for six weeks for cervical spine and right shoulder. Her cervical MRI from 09/10/13 showed progression of her DDD and disc protrusion resulting in spinal canal stenosis. The clinical note from 01/16/14 was reviewed. She was initially found to have carpal tunnel syndrome and underwent carpal tunnel release. She was working full time until 2007 when she developed neck, right shoulder and arm pain. Her complaints included neck pain, radiating down to right arm, right frontal headaches and shoulder pain. She was noted to have had no diagnostic studies of the right shoulder and no treatment for either the neck or shoulder since her injury of 11/13/07. Her medications included Norco and Ibuprofen. Pertinent examination findings included decreased range of motion of neck, positive Spurling's maneuver on rigth side, decreased abduction and flexion of right shoulder and normal sensation in both hands. Her diagnoses included cervical radiculopathy and primary right shoulder problem. An MRI of shoulder showed low grade partial tear of the supraspinatus tendon. The request was for physical therapy for cervical spine and right shoulderAccording to MTUS, Chronic pain medical treatment guidelines on physical medicine, 8-10 visits of physical therapy are recommended over 4 weeks for radiculitis and 9-10 visits over 8 weeks are recommended for myalgia and myositis. The employee had a rather new diagnoses of shoulder rotator cuff partial tear and cervical DDD that was progressive. According to the medical records available for review, she had not been treated for neck or shoulder. The request for physical therapy for neck and shoulder is medically necessary and appropriate given the significant pain and given the lack of recent physical therapy.