

<b>Case Number:</b>	CM15-0003871		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	02/09/2009
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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:

This 62 year old female sustained an industrial injury on 2/9/09. She subsequently reports neck and left shoulder pain. The injured worker has undergone acupuncture, biofeedback, physical therapy, cortisone injections as well as a cervical spine surgery on 2/6/14. Current medications include Lunesta, Tramadol, FluriFlex, TGHOT and Menthoderm gel. The UR decision dated 12/11/14 non-certified PT left shoulder. The PT left shoulder was not certified based on indications cited in the CA MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy left shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with constant neck pain rated 6/10 which radiates to the left upper extremity. Patient also complains of constant left shoulder pain rated 8/10 with

radiation of a sharp shooting pain to the left upper extremity and associated numbness and tingling. The patient's date of injury is 02/02/09. Patient has no documented surgical history directed at this complaint. The request is for PHYSICAL THERAPY LEFT SHOULDER. The RFA for the requested procedure was not provided. Physical examination of the left shoulder dated 11/17/14 revealed tenderness to palpation of the coracoacromial ligament at the subacromial space, and positive supraspinatus isolation. Left shoulder motion elicits pain, especially with external rotation and weakness is noted on abduction and external rotation. The patient's current medication regimen was not provided. Diagnostic imaging included MRI dated 11/10/14, significant findings include: "The acromion is type II with moderate proliferative changes seen in the acromioclavicular joint with impingement of the supraspinatus muscle/tendon junction with tendinosis changes seen. There is a partial intrasubstance tear seen at the supraspinatus tendon insertion into the humeral head..." The patient is temporarily totally disabled. Regarding physical therapy for chronic pain, 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, the patient does suffer from chronic pain in the left shoulder and has significant pathology identified in the MRI dated 11/10/14. The documentation provided does not indicate whether or not this patient has had any physical therapy directed at shoulder complaint to date, though progress note dated 11/17/14 states: "she is not attending physical therapy treatment at this time." It is not clear if the patient has been prescribed a series of treatments and is not attending them, or if she has not attempted any. Given a lack of documented prior physical therapy a course would be indicated for this patient's chief complaint and could produce benefit. However, without a specified number of sessions to be performed, the compliance with guideline recommendations of 8-10 visits cannot be established. Therefore, the request IS NOT medically necessary.