

<b>Case Number:</b>	CM15-0101743		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: Texas, California  
 Certification(s)/Specialty: 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:

This is a 37 year old male patient, who sustained an industrial injury on 9/3/13. The diagnoses include C5-6 disc degeneration; cervical strain; right shoulder impingement syndrome; left shoulder impingement, mild and intermittent. Per the PR-2 notes dated 4/06/15 (from the previous peer review) he had complains of right shoulder pain and cervical pain. Per the note dated 1/14/2015, he had complains of constant daily neck pain with frequent cracking and joint noises. The pain was located over the posterior aspect with occasional headaches. It radiates to the center of his thoracic spine when standing or walking causing occasional pain into the right arm to his right hand/fingers. He frequently had right shoulder pain mainly over the shoulder blade/scapula to his armpit. He also mentioned increasing left shoulder joint and scapular pain as he was compensating for his right shoulder; lifting more with the left. Physical examination revealed tenderness on palpation over the bilateral cervical paraspinal musculature and at the base of the back of the neck, tenderness over the trapezius musculature bilaterally, decreased sensation over the left C4 and the right C5, C6 and C8 dermatome distribution; bilateral shoulders- palpable tenderness over the bilateral acromioclavicular joints, over the bilateral trapezius and bilateral supraspinatus tendons, right greater than left. He has positive impingement sign with the right greater than the left. The current medications list is not specified in the records provided. He has had X-rays of the cervical spine noted mild disc height loss at C5-6; Right shoulder x-rays noted Type II acromion and mild right AC degenerative joint disease; MRI right shoulder dated 12/19/13 which revealed supraspinatus; infraspinatus and subscapularis tendinitis; X-rays cervical spine dated 7/22/14; MRI cervical spine dated 11/13/14 which

revealed a posterior bulge of 2mm at C3-4 with neural foraminal narrowing moderate to severe left C3-4, mild to moderate left C4-5, mild to moderate left C6-7 and bilaterally moderate C5-6; EMG/NCV study bilateral upper extremities dated 1/30/15 which revealed right carpal tunnel syndrome as asymptomatic and being subclinical; incidental finding. He has had unspecified numbers of physical therapy visits for this injury. Per the records provided patient has recently completed 5/12 physical therapy visits for this injury. The provider recommended the injured worker have a right shoulder arthroscopy with acromioplasty followed by post-operative physical therapy 18 sessions. The provider has requested authorization for Physical Medicine 3x4 for the cervical spine and Physical Medicine 3x4 weeks for the right shoulder.

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

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

**Physical medicine 3x4 weeks for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98.

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

**Decision rationale:** Request; Physical medicine 3x4 weeks for the cervical spine. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. A recent detailed clinical evaluation note is not specified in the records provided. Per the records provided, patient has had unspecified numbers of physical therapy visits since the date of injury. Per the records provided patient has recently completed 5/12 physical therapy visits for this injury. Therefore requested visits are more than recommended by the cited criteria. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical medicine 3x4 weeks for the cervical spine is not established for this patient at this time.

**Physical medicine 3x4 weeks for the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98.

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

**Decision rationale:** Request; Physical medicine 3x4 weeks for the right shoulder. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. A recent detailed clinical evaluation note is not specified in the records provided. Per the records provided, patient

has had unspecified numbers of physical therapy visits since date of injury. Per the records provided patient has recently completed 5/12 physical therapy visits for this injury. Therefore requested visits are more than recommended by the cited criteria. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical medicine 3x4 weeks for the right shoulder is not established for this patient at this time.