

<b>Case Number:</b>	CM15-0105643		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	11/12/2012
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 43 year old female patient who sustained an industrial injury on 11/12/2012. The accident was described as while working she slipped and fell on her hand resulting in bilateral shoulders, neck and bilateral wrists with acute onset of pain. On 05/20/2015 the patient underwent a magnetic resonance imaging (MRI) study of the right knee that showed tear of the medial meniscus. On 05/19/2015 she underwent a MRI of cervical spine that revealed reversal of normal cervical lordosis; at C3-4 there is a bulge in the annulus with partially attenuates the anterior subarachnoid space and at C4-5 there is a bulge in the annulus without significant central or foraminal stenosis. An initial orthopedic evaluation dated 05/06/2015 showed chief complaint of neck and upper back pain. She is status post right shoulder surgery. She is now being referred for evaluation of cervical spine. The following diagnoses are applied: cervical myofascial sprain; per MRI of 11/20/2014 and electrodiagnosic testing 04/02/2013 right carpal tunnel syndrome, and stenosis at C34- and C4-5. She is recommended to do a course of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy re-evaluation for the right shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work-related injury in November 2012 and continues to be treated for chronic neck and upper back pain. When seen, she had not had prior physical therapy for her neck. There was cervical spine and right levator scapula tenderness with slightly decreased cervical spine range of motion and pain. The claimant is being treated for chronic pain. There is no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is consistent with that recommended and medically necessary.

**Physical therapy 2 times a week for 3 weeks for the right shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work-related injury in November 2012 and continues to be treated for chronic neck and upper back pain. When seen, she had not had prior physical therapy for her neck. There was cervical spine and right levator scapula tenderness with slightly decreased cervical spine range of motion and pain. The claimant is being treated for chronic pain. There is no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is consistent with that recommended and medically necessary.