

<b>Case Number:</b>	CM15-0163550		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	11/26/2014
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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, Hawaii

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:

The injured worker is a 61 year old male, who sustained an industrial injury on 11-26-14. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included physical therapy; status post incarcerated right inguinal hernia repair (2-27-15); medications. Diagnostics studies included MRI left and right shoulder (3-20-15). Currently, the PR-2 notes dated 5-27-15 indicated the injured worker complains of frequent pain in his bilateral left greater than right shoulder traveling to his cervical spine, bilateral upper extremities which he describes as sharp pain. He also complains of numbness and tingling in the cervical spine and bilateral upper extremities. He reports his pain is the same and travels into the arms causing occasional numbness and tingling in the bilateral hands. He complains of difficulties performing activities of daily living due to the inability to lift his arm. He also complains of frequent neck pain that is greater on the left than right and it travels to the bilateral shoulders, bilateral hands and described as sharp pain. He rates it as 5-6 out of 10. The neck pain can cause headaches on the left side lasting up to 8 hours, He reports continued popping in the cervical region. He notes dizziness when getting up from a laying position that occurs on a daily basis. His right groin hernia surgery on 2-27-15 he reports as asymptomatic with slight numbness that is constant. He complains of headaches and decreased muscle mass and strength. His reports his pain is aggravated by prolonged sitting, standing, walking and walking on uneven surfaces, repetitive bending, stooping, kneeling, squatting, overhead reaching, twisting, and lifting carrying hand and arm movements and weather. Upper extremities physical examination reveals nonspecific tenderness in both shoulders. Palpation indicates moderate tenderness at the acromioclavicular joint, supraspinatus, infraspinatus and upper trapezius on the right. Palpation indicates moderate tenderness at the acromioclavicular joint,

supraspinatus, infraspinatus and upper trapezius on the left. Hawkin's-Kennedy, Supraspinatus resistance test, impingement maneuver and Codman test are all positive on both shoulders. A MRI of the left shoulder dated 3-20-15 impression reveals; 1) Tendinosis and full thickness tear at the anterior footplate insertion of the distal supraspinatus tendon. The tear does not definitely extend to the articular surface. 2) Tendinosis and low-grade partial thickness undersurface tearing of the distal infraspinatus tendon. 3) Tendinosis of the intracapsular portion of the proximal long of the biceps tendon. 4) Superior labral tear extending into the anterior superior labrum. 5) Laterally downward sloping distal acromion with undersurface bony remodeling and degenerative changes at the acromioclavicular joint, increasing the injured worker's risk for subacromial impingement. MRI right shoulder on 3-20-15 impression reveals: 1) tendinosis and high-grade partial thickness undersurface tearing of the distal supraspinatus tendon. 2) Tendinosis and high-grade partial thickness undersurface tearing of the distal infraspinatus tendon with superimposed interstitial tear. 3) Tendinosis of the intracapsular portion of the proximal long of the biceps tendon. 4) Superior labral tear. 5) Laterally downward sloping distal acromion with severe degenerative changes at the acromioclavicular joint increasing the injured worker's risk for subacromial impingement. His treatment plan includes a request for a cortisone injection to the right shoulder and medications. The provider is requesting authorization of continuation of physical therapy for the right shoulder and cervical spine.

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

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

**Continuation of Physical therapy for the right shoulder and cervical spine: Upheld**

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

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

**Decision rationale:** The patient presents with bilateral shoulder, cervical spine, bilateral upper extremities and neck pain. The current request is for Continuation of Physical Therapy for the right shoulder and cervical spine. The treating physician's report dated 07/08/2015 (13A) states, "The patient is to receive continued [a] physical therapy consultation (97110), 2 times per week for 4 weeks to address right shoulder, cervical spine; to focus on reduction of pain levels." The patient is not post-surgical. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. Physical therapy reports show that the patient received 8 sessions from 06/01/2015 to 06/25/2015 (26A). In this case, the current request does not specify the number of sessions and duration of physical therapy. Furthermore, the patient should now be able to transition into a self-directed home exercise program to improve strength and flexibility. The current request is not medically necessary.