

<b>Case Number:</b>	CM15-0163776		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	03/21/2015
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/20/2015
<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 (IW) is a 20 year old female who sustained an industrial injury on 03/21/2015. She reported an accident where she slipped and twisted her right arm when trying to prevent her fall. The injured worker was diagnosed as having: Myofascial pain syndrome, Right shoulder pain, Chronic pain syndrome. Treatment to date has included ibuprofen, physical therapy, a medication for sleep, and a sling. Currently, the injured worker complains of right lateral shoulder pain that radiates to the right side of her neck and right elbow and is described as stabbing with a severity of 8 on a scale of 0-10. She has difficulty with grooming and requires help for dressing. Reaching overhead is difficult. On exam, she has diminished sensation to light touch in the right arm and over the right deltoid and in the upper limbs. Sensation to pin prick was intact in the upper limbs. Reflexes were normal Shoulder strength in the right was slightly diminished as was elbow flexion and extension. Both movements on the right side were painful. There was slightly diminished motor strength in the right hand. She was tender to palpation over the right rhomboid, right trapezius, right deltoid, right pectoralis major, and right bicep muscles. Shoulder abduction was 110 degrees, flexion was 170 degrees, and extension was 40 degrees. Internal rotation was to the L2 spinous process. The treatment plan was for physical therapy, medications, bicep tendon steroid injection and trigger point injections were recommended, and work restrictions were given. A request for authorization was submitted for: 1. PT for Myofascial Release Therapy 2 x 4. 2. Naproxen 550 MG #60. 3. Omeprazole 20 MG #60. 4. Duloxetine 30 MG #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**PT for Myofascial Release Therapy 2x4:** 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 pain affecting the right lateral shoulder with radiation to the neck and right elbow. The current request is for PT for Myofascial Release Therapy 2x4. The treating physician report dated 7/28/15 (41B) states, "Recommended consideration for physical therapy for myofascial release therapy at Axis Physical Therapy two times per week for four weeks for a total of eight sessions." The report goes on to state, "Her previous treatments have involved physical therapy for seven sessions." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received at least 7 sessions of physical therapy previously. The patient's status is not post-surgical. In this case, the patient has received at least 7 visits of physical therapy to date and therefore the current request of an additional 8 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. Additionally, the current request does not specify a body part to be addressed during therapy. The current request is not medically necessary.