

<b>Case Number:</b>	CM15-0167727		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	05/03/2010
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 56 year old female, who sustained an industrial injury on 5/30/10. The injured worker has complaints of pain in neck and shoulder on the left. The documentation noted there was tenderness at subacromial space and pain with resisted abduction and range of motion in the shoulders are decreased. The diagnoses have included cervical pain, cervicalgia; myofascial pain syndrome, fibromyalgia and other affections of shoulder region not elsewhere classified. Treatment to date has included advil; nabumetone; fexmid; muscle stimulation and topical cream with flurbiprofen and capsaicin. The request was for physical therapy for the neck and shoulder quantity 6.00.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the neck and shoulder QTY: 6.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Physical therapy Shoulder section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy neck and shoulder #6 sessions is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical committee therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical pain/cervicalgia; myofascial pain syndrome, fibromyalgia; and shoulder region Dis NEC. Date of injury is May 30, 2010. Request for authorization is August 9, 2015. The medical record contains 28 pages, one progress note in a five years old injury. According to the progress note dated July 24, 2015, subjective complaints include progressive neck pain and shoulder pain 6/10. There is no documentation of prior physical therapy. There is no documentation specifying the number of physical therapy sessions in this five-year-old injury. There is no documentation prior physical therapy resulted in objective functional improvement. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines as clinically indicated. Based on clinical information and medical record, peer-reviewed evidence-based guidelines, no documentation of prior physical therapy, no documentation reflecting the total number of physical therapy sessions, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy (over the recommended guidelines) is clinically indicated, physical therapy neck and shoulder #6 sessions is not medically necessary.