

<b>Case Number:</b>	CM15-0181814		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	07/05/2014
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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 53 year old female, who sustained an industrial injury on 7-5-2014. The medical records submitted for this review did not include documentation regarding the details of the initial injury or prior treatments to date. Diagnoses include cervical disc protrusion, stenosis, right shoulder labrum tear; status post right shoulder rotator cuff repair in 2014. Currently, she complained of ongoing pain in the neck and right shoulder, noted to have had some improvement with physical therapy. The pain was rated 6 out of 10 VAS. On 7-30-15, the physical examination documented cervical tenderness with decreased range of motion, muscle spasm, positive right side Spurling's test, and decreased strength in the right side. The right shoulder revealed improvement in strength to 4 out of 5 and improvement in the range of motion with physical therapy. The appeal requested eight (8) physical therapy sessions. The Utilization Review dated 8-13-15, denied the request indicating that the medical records did not support the medical necessity of additional physical therapy sessions or why continuation with a home exercise program would not be sufficient per California Medical treatment Utilization Schedule (MTUS) Guidelines and the American College of Occupational and Environmental Medicine (ACOEM) Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 visits of cervical physical therapy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

**Decision rationale:** The claimant sustained a work injury in July 2014 while working as a housekeeper and continues to be treated for neck and right shoulder pain. She underwent and arthroscopic right rotator cuff decompression and repair, labral repair, and synovectomy in December 2014. When seen, she was having persistent neck and right shoulder pain. Physical examination findings included decreased cervical spine range of motion with tenderness. There was positive right testing. She had increased right trapezius muscle tone. There was decreased right upper extremity strength. There had been slight improvement in shoulder range of motion since the previous visit. Authorization for an additional eight therapy treatment sessions for transition to a home exercise program was requested. As of 07/06/15, she had completed 12 recent therapy sessions. After the surgery performed, guidelines recommend up to 24 visits over 14 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for strengthening and range of motion. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program as is being requested. There is no new injury to the cervical spine. The request is not medically necessary.