

<b>Case Number:</b>	CM15-0184005		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	04/01/2014
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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  
 Certification(s)/Specialty: Family Practice

### 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 4-1-14. The impression is noted as recent status post cervical fusion for severe stenosis, now with acute left rotator cuff tear versus C5 root palsy. In a progress report dated 8-26-15, the physician notes he had a cervical posterior fusion on 2-5-15. It is noted he did well and went back to work and subsequently developed an acute C5 root palsy. He woke up in the morning and could not lift his arm up. Physical exam reveals a flaccid deltoid, 0 out of 5, no muscle tone. Biceps are noted to be 2-3 out of 5. Range of motion of the shoulder is reported to be very painful and that he could have a rotator cuff tear. The recommendation is physical therapy, exercises to maintain range of motion of his shoulder, Vicodin, a computerized tomography scan of the cervical spine and shoulder, and a nerve study. On 9-15-15, the requested treatment of physical therapy, left shoulder quantity of 12 was modified to physical therapy, left shoulder, quantity of 6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy left shoulder 12 sessions: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** According to the MTUS guidelines, passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The MTUS guidelines recommend up to 10 sessions of therapy for Myalgia, myositis, neuralgia, neuritis, and radiculitis. In this case, the medical records note that Utilization Review has modified the request for 12 sessions to allow six sessions to determine efficacy. The request for 12 sessions exceeds the amount of physical therapy recommended by the MTUS guidelines. The request for Physical therapy left shoulder 12 sessions is not medically necessary and appropriate.