

<b>Case Number:</b>	CM15-0184499		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	09/23/2009
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	08/19/2015
<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: Texas, 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:

This injured worker is a 48 year old female who reported an industrial injury on 9-23-2009. Her diagnoses, and or impressions, were noted to include: multi-level lumbar spondylosis with right lumbar radiculitis and stenosis; multi-level cervical spondylosis; left thoracic outlet syndrome; bilateral shoulder adhesive capsulitis; overuse syndrome of the upper extremities; lumbar radiculopathy; bilateral shoulder impingement; bilateral carpal tunnel syndrome; and chronic pain syndrome with depression, sleep disturbances, psychomotor slowing and fecal incontinence; and (illegible). Updated magnetic imaging studies of the cervical spine were said to have been done, noting progressive left cervical facet arthropathy, arthritis and foraminal stenosis with severe right cervical foraminal stenosis. Her treatments were noted to include: aquatic therapy; diagnostic Doppler study of the brachial plexus; soft-tissue ultrasound of bilateral shoulders (7-2015); cervical epidural steroid injections (7-22-15); medication management with toxicology studies; and the work status was not noted. The progress notes of 9-23-2015 consisted of poor copies of pages 2 & 3, with page 1 missing, but was noted to report: that she continued to do poorly with widespread pain; a review of the diagnostic studies which revealed multi-level lumbar spondylosis with right lumbar radiculitis and stenosis. The physician's requests for treatment were noted to include 18 visits of physical therapy to address the bilateral shoulder capsulitis and left thoracic outlet syndrome; and for scapula stabilization brace-spinal Q brace for symptomatic TOS symptoms. The medication list includes capsaicin patch. The patient sustained the injury due to cumulative trauma. Per the note dated 6/15/15, the patient had complaints of pain in upper and lower back. A recent detailed physical examination of the left shoulder was not

specified in the records specified. The patient had received an unspecified number of acupuncture and PT visits for this injury.

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

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

**Physical therapy X 18 for the left shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Physical therapy X 18 for the left shoulder. The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." The patient had received an unspecified number of acupuncture and PT visits for this injury. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for physical therapy X 18 for the left shoulder is not fully established for this patient. Therefore, the request is not medically necessary.