

<b>Case Number:</b>	CM15-0031486		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	10/14/2013
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: 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:

This female sustained an industrial injury on 10/14/13, with subsequent ongoing neck and shoulder. Magnetic resonance imaging cervical spine (7/21/14) showed disc bulge at C5-6. Electromyography/nerve conduction velocity test of bilateral upper extremity (7/21/14), showed no neuropathy. Treatment plan included physical therapy, acupuncture, massage and medications. In an office visit dated 1/12/15, the injured worker complained of occasional, moderate pain to the left shoulder. Physical exam was remarkable for left shoulder with tenderness to palpation over the anterior clavicle, scapula and trapezius with 5/5 strength and intact reflexes and sensation, mildly positive impingement and positive supraspinatus. Left shoulder x-ray (1/12/15), showed overhang of the acromion on 30 degree caudal tilt view with irregularity of the subcondral bone of the distal clavicle. The physician's impression was inflammation in the scapulo-thoracic area. On 2/11/15, Utilization Review noncertified a request for physical therapy 2 times 4 to the left scapulothoracic region citing ACOEM, ODG and CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times 4 to the left scapulothoracic region:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG Physical therapy guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** This patient presents with chronic pain in the neck and scapular area. The current request is for PHYSICAL THERAPY 2 TIMES 4 TO THE LEFT SCAPULO-THORACIC REGION. Request for Authorization RFA is dated 2/5/15. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." There are no physical therapy reports provided for review. This patient has a date of injury of 10/14/13 with no prior surgeries indicated. The AME report dated 12/11/14 states that the patient's treatment history has included 50 physical therapy sessions, 21 acupuncture sessions and 12 massage therapy sessions. There is no report of new injury, new diagnoses, or new examination findings to substantiate the current request for additional therapy. Furthermore, the patient has participated in ample physical therapy sessions in the past and should be well versed in the exercises and should transition into a self directed home exercise program. The request IS NOT medically necessary.