

<b>Case Number:</b>	CM15-0035455		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	12/13/2011
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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:

The injured worker is a 41 year old male, who sustained an industrial injury on December 13, 2011. The injured worker had sustained neck and bilateral shoulder injuries. The diagnoses have included right rotator cuff syndrome, right frozen shoulder improved, left shoulder sprain, cervical sprain and myofascial pain syndrome of the right shoulder. Treatment to date has included medications, MRI of the shoulder, x-rays of the shoulder, physical therapy to the neck, a right shoulder superior labrum, anterior to posterior tear repair, right shoulder manipulation under anesthesia and a cortisone injection. Physical therapy was noted to be helpful for his neck pain. Current documentation dated January 29, 2015 notes that the injured worker complained of neck and shoulder pain. Physical examination revealed tender trigger points over the neck and posterior shoulder. The injured worker had full range of motion of the bilateral shoulders and minimal painful arcs. Motor and sensation were intact. The treating physician recommended physical therapy to the neck and shoulder to learn the [REDACTED] Program technique. On February 11, 2015 Utilization Review non-certified a request for physical therapy visits for the shoulder and neck to teach the [REDACTED] Program # 6 and an exercise kit. MTUS, Chronic Pain Medical Treatment Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 physical therapy visits for shoulder and neck:** Overturned

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

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

**Decision rationale:** Based on the 01/29/15 progress report, the patient presents with neck and right shoulder pain. The request is for 6 PHYSICAL THERAPY VISITS FOR SHOULDER AND NECK. Patient's diagnoses per RFA dated 02/03/15 included cervical strain and myofascial pain, neck. Treatment to date has included medications, MRI of the shoulder, MRI of the cervical spine, x-rays of the shoulder, 6 physical therapy sessions to the neck, a right shoulder superior labrum, anterior to posterior tear repair, right shoulder manipulation under anesthesia and a cortisone injection. The patient is off work, per QME dated 09/11/14. MTUS 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." In this case, the patient has completed 5 out of 6 physical therapy sessions to the neck and reports that they have been helpful. The treater reports on 01/29/15, "I am referring the patient to six sessions of physical therapy for the neck and shoulder to specifically teach him the [REDACTED] Program..." and the treater goes on to state, "the program will teach him how to relax his neck and shoulders to improve posture and reduce myofascial pain." The patient continues to struggle with chronic and persistent pain for which a short course of therapy may be reasonable. Although the patient has undergone 6 therapy sessions for the neck, he has not received physical therapy to the shoulder. Therefore the request of 6 physical therapy sessions IS medically necessary.

**Exercise kit:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

**Decision rationale:** Based on the 01/29/15 progress report, the patient presents with neck and right shoulder pain. The request is for a [REDACTED] EXERCISE KIT. Patient's diagnoses per RFA dated 02/03/15 included cervical strain and myofascial pain, neck. Treatment to date has included medications, MRI of the shoulder, MRI of the cervical spine, x-rays of the shoulder, 6 physical therapy sessions to the neck, a right shoulder superior labrum, anterior to posterior tear repair, right shoulder manipulation under anesthesia and a cortisone injection. The patient is off work, per QME dated 09/11/14. ACOEM, Chapter 12, page 309 states, "There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise." MTUS Chronic Pain Medical

Treatment Guidelines, for exercise, pages 46-47 states: "There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." Regarding exercise kits, ODG supports it for Knee and Shoulder sections but are not discussed in other chapters. In this case, the treater states on 1/29/15, "I am referring the patient to six sessions of physical therapy for the neck and shoulder to specifically teach him the [REDACTED] Program... the program will teach him how to relax his neck and shoulders to improve posture and reduce myofascial pain....it is necessary for the patient attending the program to receive an exercise kit." The kit includes stabilization belt, foam wedges, "back on stick," ethafoam rolls, gym ball, air pillow, bulb thermometer, pressure biofeedback, breathing exercise CD, instructional DVD and patient booklet. Although MTUS guidelines state there is no evidence to recommend any particular exercise regimen over any other exercise regimen, ODG guidelines do support exercise kits for knee and shoulder conditions. This patient does present with shoulder condition as well as neck pain. The request IS medically necessary.