

<b>Case Number:</b>	CM15-0039558		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	07/08/2009
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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 38 year old male who sustained an industrial-work injury on 7-8-09. He reported an initial complaint of neck, back, right shoulder, and bilateral hip pain. The injured worker was diagnosed as having rotator cuff syndrome, right acromial clavicular osteoarthritis, status post distal clavicular excision. Treatment to date includes medication, surgery (arthroscopy of shoulder with acromioplasty-Mumford procedure). MRI results were reported on 1-20-15 notes moderate recurrent or residual supraspinatus tendinosis without evidence for through and through tear, two foci of delamination, one interstitial and one anterior articular surface, both affecting less than 50 percent of the cross-sectional area of the tendon. Currently, the injured worker complained of ongoing cervical spine, lumbar spine, right shoulder pain, and bilateral hip pain that was rated 7-8 out of 10. Per the primary physician's report (PR-2) on 1-15-15, noted tenderness to palpation, tenderness with bilateral trapezius muscles, and a decrease in right shoulder range of motion, straight leg raise was negative, and decrease in right shoulder range of motion (flexion of 120 degrees, abduction of 90 degrees), strength was 4 out of 5. The lumbar spine had tenderness to palpation, limits in range of motion, positive straight leg raise. The requested treatments include twelve (12) physical therapy visits 2 times a week for 6 weeks for the low back, right shoulder, and cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) physical therapy visits 2 times a week for 6 weeks for the low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

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

**Decision rationale:** The patient presents with pain in the neck radiating to the right upper extremity rated 9/10, lower back rated 9/10, and right shoulder rated 8/10. The request is for twelve (12) physical therapy visits 2 times a week for 6 weeks for the low back. The request for authorization is dated 02/09/15. The patient is status post right shoulder arthroscopy, 2010. MRI of the right shoulder, 01/20/15, shows moderate recurrent or residual supraspinatus tendinosis without evidence for through-and-through tear; there are two foci of delamination, one interstitial and one anterior articular surface, both affecting less than 50% of the cross-sectional area of the tendon; status post acromioplasty/Mumford procedure. Physical examination of the cervical spine revealed tenderness to palpation over the bilateral upper trapezius muscles with mild spasm. Global decreased range of motion due to severe pain. Exam of lumbar spine revealed moderate tenderness to palpation over the bilateral lower lumbar paraspinal muscles. Flexion range of motion 50 degrees with severe pain. Exam of right shoulder revealed tenderness to palpation. External rotation was limited due to pain. Hawkin's sign was positive. Patient's medications include Benadryl, Zoran, and Norco. Per progress report dated 02/02/15, the patient is returned to modified work. MTUS, Physical Medicine Section, pages 98, 99 states: 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." Per progress report dated 02/02/15, treater's reason for the request is "The patient has been unable to complete his physical therapy. He was only able to complete a few physical sessions at the previous physical therapy center. The center where he was going is now out of business." Physical Therapy treatment history is not provided and it is unknown how many previous sessions the patient has completed. In this case, the patient continues with low back pain. Given the patient's condition, a short course of physical therapy would appear to be indicated. However, the treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Nevertheless, the current request for additional 12 sessions of Physical Therapy exceeds what is recommended by MTUS. Therefore, the request is not medically necessary.

**Twelve (12) physical therapy visits 2 times a week for 6 weeks to the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

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

**Decision rationale:** The patient presents with pain in the neck radiating to the right upper extremity rated 9/10, lower back rated 9/10, and right shoulder rated 8/10. The request is for twelve (12) physical therapy visits 2 times a week for 6 weeks to the right shoulder. The request for authorization is dated 02/09/15. The patient is status post right shoulder arthroscopy, 2010. MRI of the right shoulder, 01/20/15, shows moderate recurrent or residual supraspinatus tendinosis without evidence for through-and-through tear; there are two foci of delamination, one interstitial and one anterior articular surface, both affecting less than 50% of the cross-sectional area of the tendon; status post acromioplasty/Mumford procedure. Physical examination of the cervical spine revealed tenderness to palpation over the bilateral upper trapezius muscles with mild spasm. Global decreased range of motion due to severe pain. Exam of lumbar spine revealed moderate tenderness to palpation over the bilateral lower lumbar paraspinal muscles. Flexion range of motion 50 degrees with severe pain. Exam of right shoulder revealed tenderness to palpation. External rotation was limited due to pain. Hawkins' sign was positive. Patient's medications include Benadryl, Zoran, and Norco. Per progress report dated 02/02/15, the patient is returned to modified work. MTUS, Physical Medicine Section, pages 98, 99 states: 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." Per progress report dated 02/02/15, treater's reason for the request is "The patient has been unable to complete his physical therapy. He was only able to complete a few physical sessions at the previous physical therapy center. The center where he was going is now out of business." Physical Therapy treatment history is not provided and it is unknown how many previous sessions the patient has completed. In this case, the patient continues with neck pain radiating to right upper extremity. Given the patient's condition, a short course of physical therapy would appear to be indicated. However, the treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Nevertheless, the current request for additional 12 sessions of Physical Therapy exceeds what is recommended by MTUS. Therefore, the request is not medically necessary.

**One urine toxicology screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under Urine Drug Testing.

**Decision rationale:** The patient presents with pain in the neck radiating to the right upper extremity rated 9/10, lower back rated 9/10, and right shoulder rated 8/10. The request is for one urine toxicology screen. The request for authorization is dated 02/09/15. The patient is status post right shoulder arthroscopy, 2010. MRI of the right shoulder, 01/20/15, shows moderate recurrent or residual supraspinatus tendinosis without evidence for through-and-through tear; there are two foci of delamination, one interstitial and one anterior articular surface, both affecting less than 50% of the cross-sectional area of the tendon; status post acromioplasty/

Mumford procedure. Physical examination of the cervical spine revealed tenderness to palpation over the bilateral upper trapezius muscles with mild spasm. Global decreased range of motion due to severe pain. Exam of lumbar spine revealed moderate tenderness to palpation over the bilateral lower lumbar paraspinal muscles. Flexion range of motion 50 degrees with severe pain. Exam of right shoulder revealed tenderness to palpation. External rotation was limited due to pain. Hawkin's sign was positive. Patient's medications include Benadryl, Zoran, and Norco. Per progress report dated 02/02/15, the patient is returned to modified work. MTUS pg 43, Drug Testing Section states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC, Pain chapter under Urine Drug Testing states: "Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only." Per progress report dated 02/02/15, treater's reason for the request is "as part of a pain-treatment agreement during opioid therapy." In this case, the patient is prescribed Norco, which is an opioid pain medication. ODG recommends once yearly urine drug screen for management of chronic opiate use in low-risk patients. Therefore, the request is medically necessary.

**Twelve (12) physical therapy visits 2 times a week for 6 weeks to the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

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

**Decision rationale:** The patient presents with pain in the neck radiating to the right upper extremity rated 9/10, lower back rated 9/10, and right shoulder rated 8/10. The request is for twelve (12) physical therapy visits 2 times a week for 6 weeks to the cervical spine. The request for authorization is dated 02/09/15. The patient is status post right shoulder arthroscopy, 2010. MRI of the right shoulder, 01/20/15, shows moderate recurrent or residual supraspinatus tendinosis without evidence for through-and-through tear; there are two foci of delamination, one interstitial and one anterior articular surface, both affecting less than 50% of the cross-sectional area of the tendon; status post acromioplasty/Mumford procedure. Physical examination of the cervical spine revealed tenderness to palpation over the bilateral upper trapezius muscles with mild spasm. Global decreased range of motion due to severe pain. Exam of lumbar spine revealed moderate tenderness to palpation over the bilateral lower lumbar paraspinal muscles. Flexion range of motion 50 degrees with severe pain. Exam of right shoulder revealed tenderness to palpation. External rotation was limited due to pain. Hawkin's sign was positive. Patient's medications include Benadryl, Zoran, and Norco. Per progress report dated 02/02/15, the patient is returned to modified work. MTUS, Physical Medicine Section, pages 98, 99 states: 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." Per progress report dated 02/02/15, treater's reason for the request is "The patient has been unable to complete his physical

therapy. He was only able to complete a few physical sessions at the previous physical therapy center. The center where he was going is now out of business." Physical Therapy treatment history is not provided and it is unknown how many previous sessions the patient has completed. In this case, the patient continues with neck pain. Given the patient's condition, a short course of physical therapy would appear to be indicated. However, the treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Nevertheless, the current request for additional 12 sessions of Physical Therapy exceeds what is recommended by MTUS. Therefore, the request is not medically necessary.