

<b>Case Number:</b>	CM15-0042140		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	09/03/2014
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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: Utah, Arkansas

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 42-year-old female with an industrial injury dated September 3, 2014. The injured worker diagnoses include right shoulder sprain/strain, right shoulder joint pain and arm pain. Treatment to date has included diagnostic studies, prescribed medications, physical therapy, and periodic follow up visits. The treating physician requested physical therapy 2x6 for right shoulder and cervical and Flexeril 10mg #90 now under review. According to the most recent progress note dated 12/17/2014, the injured worker continues to complain of neck and right shoulder pain. Physical exam revealed positive impingement, weakness with rotator cuff, pain with forward flexion, abduction, external rotation and supraspinatus testing. The treating physician's impression was cervical spine spasm, right shoulder impingement and left mid foot inflammation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x6 (right shoulder, cervical):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Pages 98-99.

**Decision rationale:** The request is for physical therapy sessions. MTUS guidelines state the following: Physical Medicine Guidelines, Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The patient has completed 6 sessions of physical therapy. They were previously approved for 12 but stopped due to pain. According to the clinical documentation provided and current MTUS guidelines; additional physical therapy sessions, in addition to those previously approved, is more than the recommended amount. Therefore, physical therapy as described above is not indicated as a medical necessity to the patient at this time.

**Prospective use of generic Flexeril 10mg #20:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Guidelines, page(s) 41-42, 63-66.

**Decision rationale:** Flexeril is indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. It is recommended to be used no longer than 2-4 weeks. According to the clinical documents, it is unclear if the patient has been on this medication in the past. The Flexeril requested is being used for short-term therapy, #20. The clinical documents state evidence of muscle spasm that would be an indication for a muscle relaxant at this time. According to the clinical documentation provided and current MTUS guidelines; Flexeril is indicated a medical necessity to the patient at this time.