

<b>Case Number:</b>	CM15-0089690		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	01/23/2015
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 24 year old female, who sustained an industrial injury on 01/23/2015. According to an orthopedic consultation report dated 04/21/2015, the injured worker was working when she noted the onset of cervical pain and pain in her right shoulder. She was initially evaluated and referred for physical therapy. She did note some relief of pain and was provided with a TENS unit. Her symptoms recurred and she noted the onset of left shoulder pain. Treatment to date has included x-rays of the right shoulder, joint injections, physical therapy and utilization of a TENS unit. Current complaints included pain in the cervical spine with repetitive activities, bilateral shoulder pain that was worse on the right, pain when reaching overhead, fatigue and stiffness. Current work status included modified duty with no pushing, reaching or overhead work and no lifting greater than five pounds. Physical examination demonstrated tenderness in the paracervical musculature and suprascapular/trapezius. Examination of the shoulders demonstrated tenderness in the biceps and anterior. Radiographs of the bilateral shoulders showed mild down sloping of the acromion bilaterally. There was no degenerative joint disease at either the acromioclavicular or glenohumeral joint. Radiographs of the cervical spine demonstrated an S shaped curve consistent with muscle spasm. There was degenerative disk disease. There was normal disk height preservation. The diagnosis was noted as bilateral shoulder rotator cuff tendinitis. The injured worker had undergone a brief course of physical therapy and the provider felt that additional therapy would be warranted with a strengthening program. Prescriptions were given for Mobic and Flexeril. Currently under review is the request for physical therapy 2 times a week for 4 weeks for the bilateral shoulders.

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

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

**Physical Therapy 2 Times A Week for 4 Weeks Bilateral Shoulders:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints page(s): 209-211, Chronic Pain Treatment Guidelines 9792.24.2 page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Shoulders.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that physical therapy (PT) can be utilized for the treatment of exacerbation of musculoskeletal pain. The utilization of PT can result in improvement in range of motion, reduction of pain and decreased medication utilization. The records indicate that the patient completed sessions of supervised PT. The guidelines recommend that patient progress to a home exercise program after completion of supervised PT. The criteria for physical therapy 2 X per week for 4 weeks for bilateral shoulder was not met. Therefore, the request is not medically necessary.