

<b>Case Number:</b>	CM15-0239072		
<b>Date Assigned:</b>	12/16/2015	<b>Date of Injury:</b>	04/23/2004
<b>Decision Date:</b>	01/25/2016	<b>UR Denial Date:</b>	11/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/07/2015

### 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, District of Columbia, Maryland  
 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 43 year old female who sustained an industrial injury on 4-23-2004. Medical records indicate the injured worker is being treated for chronic pain syndrome, complex regional pain syndrome of the right upper extremity, depression, lumbar radiculopathy, muscle spasm, torsion dystonia acquired, and long term current use of opiate analgesic. Per the treating physician's note dated 11-5-2015 the injured worker reports her pain has not changed since her last visit on 8-6-2015 and reports her pain is constant, burning, sharp, and aching and her pain level at its worst is 8-9 out of 10, at best 6-7 out of 10 and on average 6-7 out of 10. The injured worker reports her pain is made worse by lifting and is made better by rest, heat, massage, and medication. On physical exam the treating physician reports the injured worker has a tender cervical spine with pain on palpation of the cervical facets on the right side, range of motion of cervical spine is decreased in bilateral rotation with pain, shoulders are asymmetric with right increased muscle tone, there are palpable trigger points in the muscles of the head, neck, and shoulders, increased tone on the right side musculature, and right arm with guarding and tenderness to light palpation. The treating physician is requesting further physical therapy for right shoulder and jaw twice a week for 4-6 more weeks. Treatment to date for the injured worker includes physical therapy (reported initial evaluation on 9-30-2015) and medications including Prochlorperazine Maleate 5mg, Norco 10-325mg, Fluoxetine HCL 40mg, compound-Ketamine 15 percent, Clonidine 0.2 percent, Loperamide 5 percent, Amitriptyline 2 percent, Gabapentin 5 percent in lipoderm base cream (reported good benefit, reduces pain more than 25 percent), Carisoprodol 350mg, Duloxetine HCL 60mg, Buspirone HCL 10mg, Lyrica 200mg, Methadone HCL 10mg, Topiramate 25mg, Clonazepam 1mg, and Ibuprofen 800mg. A request for authorization was submitted on 11-5-2015 for physical therapy twice a week for 4-6 weeks. The UR decision dated 11-12-2015 non-certified the request for physical therapy twice a week for 4-6 weeks for the right shoulder and jaw.

## 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 4-6 weeks for the right shoulder and jaw:** Upheld

**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): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical Therapy.

**Decision rationale:** Per MTUS CPMTG, physical medicine guidelines state: 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 (ICD 729.2): 8-10 visits over 4 weeks. The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." Per the ODG guidelines: Rotator cuff syndrome / Impingement syndrome (ICD9 726.1; 726.12): Medical treatment: 10 visits over 8 weeks. Post-injection treatment: 1-2 visits over 1 week. Post-surgical treatment, arthroscopic: 24 visits over 14 weeks. Post-surgical treatment, open: 30 visits over 18 weeks. Complete rupture of rotator cuff. (ICD9 727.61; 727.6) Post-surgical treatment: 40 visits over 16 weeks. Per the medical records submitted for review, it is noted that the injured worker has previously been treated with physical therapy, though it is unclear how many sessions were completed, or the response to therapy. Furthermore, the documentation does not clearly establish shoulder and jaw complaints. Absent documentation of response to physical therapy, or diagnosis with regard to the shoulder, the request for further physical therapy is not medically necessary.