

<b>Case Number:</b>	CM14-0126469		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	10/03/2009
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 30 year old female who sustained an industrial injury on 10/03/2009. The mechanism of injury was not provided for review. Her diagnoses include brachial neuritis, cervical myositis, cervical sprain/strain and right shoulder pain s/p right shoulder arthroscopy. She continues to complain of neck and right shoulder pain. On examination of the cervical spine there is straightening of normal lordotic curve with swelling in the bilateral cervical muscles. There was tenderness to palpation of the paravertebral muscles bilaterally. There was decreased range of motion of the cervical spine with sensory and motor exams normal bilaterally in the upper extremities. There was pain with range of motion of the right shoulder with rotator cuff strength 5/5 and a positive impingement sign. Treatment in addition to surgery has included medical therapy with opiates and topical compounds, acupuncture, physical therapy, and a home exercise program. The treating provider has requested additional physical therapy 2 x a week for 3 weeks for the cervical spine and right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy two times a week for three weeks (2x3) Cervical Spine and Right Shoulder:** Upheld

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

Disability Guidelines: Neck & Upper Back (updated 05/30/14) Physical Therapy; Shoulder (updated 07/29/14) Physical Therapy

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

**Decision rationale:** Per California MTUS Treatment Guidelines 2009, physical therapy is indicated for the treatment of shoulder and low back pain. Recommendations state that for most patients with more severe acute and subacute low back pain conditions 8 to 12 visits over a period of over 6 to 8 weeks is indicated as long as functional improvement and program progression are documented. Shoulder issues usually respond to 10 visits over a period of 12 weeks. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. In this case the claimant has exceeded the recommended physical therapy visits for both conditions and is proficient regarding her home exercise program. There is no specific indication for additional physical therapy sessions as there are no new functional deficits described. Medical necessity for the requested additional physical therapy sessions has not been established. The requested service is not medically necessary.