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| <b>Case Number:</b>   | CM14-0083607 |                              |            |
| <b>Date Assigned:</b> | 07/23/2014   | <b>Date of Injury:</b>       | 11/18/2013 |
| <b>Decision Date:</b> | 10/20/2014   | <b>UR Denial Date:</b>       | 05/02/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/05/2014 |

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 58 year-old individual was reportedly injured on 11/18/2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated 6/2/2014, indicates that there are ongoing complaints of neck and right shoulder pain. The physical examination demonstrated cervical spine: reduced range of motion. Bilateral shoulder: flexion 90 degrees, muscle strength 5/5 upper extremity. No pain with resistance to supraspinatus muscle. No tenderness over greater tuberosity's. Diagnostic imaging studies mentioned an MRI of the right shoulder dated 5/9/2014 which reveals undersurface spurring at the AC joint, subacromial/subdeltoid bursitis. Previous treatment includes physical therapy, acupuncture, and medications. A request had been made for physical therapy 2 times a week times 6 weeks #12 neck and right shoulder, MRI of the right shoulder, and was non-certified in the pre-authorization process on 5/2/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two visits a week for six weeks for the neck and right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** MTUS guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis; and recommend a maximum of 10 visits. The claimant has complaints of neck and right shoulder pain and review of the available medical records, fails to demonstrate an improvement in pain or function from previous physical therapy visits. In the absence of clinical documentation to support additional visits, this request is not considered medically necessary.

**MRI of the right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**Decision rationale:** After review of the medical records provided it is noted the injured worker did have an MRI of the right shoulder on 5/9/2014. There were no objective clinical findings on physical examination to necessitate the ordering of an MRI. Therefore this request is deemed not medically necessary.