

<b>Case Number:</b>	CM14-0092352		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	02/22/2010
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 request for independent medical review was signed on June 13, 2014. It was for physical therapy two times a week for four weeks to the right shoulder. There was a review summary. The date of injury was April 22, 2010. The patient complained on the May 12, 2014 PR-2 of hypersensitivity in the left shoulder in the upper chest along with similar symptoms over the right shoulder and the right lateral elbow. There were also episodes of turning hot and then alternating with cold. The patient had increased sweating of the upper extremities and upper body. There was authorization for behavioral pain management. There was significant hypersensitivity to light touch. The active range of motion of the right shoulder was limited whereas the forward flexion was at 170. The left shoulder active range of motion was limited whereas forward flexion was at 160 and external rotation at 0. The diagnosis was a complex regional pain syndrome of the upper limb. The request was for physical therapy two times a week for four weeks. The medicines included Lidoderm, Hydrocodone acetaminophen, and Zolpidem. The patient had a left T2 and T3 sympathetic ganglion block on May 2, 2014 which made the left upper extremity symptoms decrease by 50%. A TENS unit significantly reduced the back pain. The intent of the therapy was to augment and maximize the response to the nerve blocks. There was no documentation of how many past sessions of therapy were rendered nor what the outcomes were.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2xwk x 4wks 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: Shoulder Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 of 127.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are 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; and Reflex sympathetic dystrophy Complex regional pain syndrome (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The patient does have apparent CRPS. In this case, however, the functional outcomes and improvement out of earlier sessions are not provided. Also, there are especially strong caveats in the California (MTUS)/ American College of Occupational and Environmental Medicine (ACOEM) guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. The California (MTUS)/ American College of Occupational and Environmental Medicine (ACOEM) cites the following: "1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient...Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general.2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization." This request for more skilled, monitored therapy is not medically necessary and appropriate.