

<b>Case Number:</b>	CM14-0210786		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	05/19/2012
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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: Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 patient is a 27 year-old male with a date of injury of 5/19/2012. A review of the medical documentation indicates that the patient is undergoing treatment for neck and shoulder pain. Subjective complaints (11/12/2014) include continued neck and R shoulder pain (2/10) and a popping sensation during physical therapy. Objective findings (11/12/2014) include good range of motion with guarding with movement and discomfort with elevation of the right arm. Diagnoses include disorder of bursa (shoulder region) and cervicgia. The patient has undergone studies to include MRI (2014), which showed a severe tear in the right acromioclavicular joint. The patient has previously undergone surgery (subacromial decompression and SLAP repair) in 2013, and ongoing physical therapy of uncertain duration. A utilization review dated 11/26/2014 did not certify the request for physical therapy for the cervical and right shoulder (2x3) 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the cervical and right shoulder (2x3) 6 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Neck and Upper Back, (Acute & Chronic), Physical Therapy; Shoulder (Acute & Chronic), Physical Therapy; ODG Preface, Physical Therapy.

**Decision rationale:** According to MTUS guidelines, physical therapy is recommended for chronic pain when accompanied by a self-directed home physical medicine program. The guidelines recommend fading of treatment frequency, from 3 visits per week to 1 or less. ACOEM also recommends a home exercise program to accompany physical therapy. ODG generally recommends a six-visit clinical trial of physical therapy with documented objective and subjective improvements. For cervical pain, ODG recommends an initial therapy of 9 visits over 8 weeks for cervicgia (neck pain) and 10 visits over 8 weeks for sprains/strains of the neck. Guidelines also recommend that after initial trial periods, clear evidence of improvement with treatment should be appreciable. The medical documentation does not indicate that the patient has a regular home exercise program. A note dated June 2014 stated the patient would undergo 8 sessions but there are no notes from these sessions or follow-up encounters provided until this new request. There is also no documentation to support that past physical therapy has resulted in objective functional improvement, the goals to achieve are not detailed, and the most recent physical exam is fairly limited. It is unclear what the breakdown of this request is for continued therapy vs potential aggravation of the prior injury. Additional documentation is needed to support this request. Therefore, the request for Physical Therapy for the cervical and right shoulder (2x3) 6 sessions, is not medically necessary at this time.