

<b>Case Number:</b>	CM15-0011951		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	03/07/2014
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 48 year old female, who sustained an industrial injury on 3/7/14. She has reported neck and shoulder injuries. The diagnoses have included cervicgia/neck pain, right shoulder sprain/strain, cervical facet injury, and right elbow sprain. Treatment to date has included medications diagnostics, Transcutaneous Electrical Nerve Stimulation (TENS), acupuncture, Home Exercise Program (HEP) and physical therapy. Currently, the injured worker complains of continued right shoulder, neck and right elbow pain with numbness and weakness of right upper extremity. The range of motion to the shoulder is significantly reduced. The pain is increased with activities of daily living (ADL's) such as lifting and pulling. The medications including gabapentin and neurontin are helpful with the pain and the Transcutaneous Electrical Nerve Stimulation (TENS) is helpful. Physical exam revealed positive Hawkin's test. The Magnetic Resonance Imaging (MRI) of right shoulder dated 6/16/14 revealed mild tendinosis with bursal inflammation and minimal joint arthrosis. Treatment was for heating pad and Home Exercise Program (HEP) to include additional physical therapy. On 1/13/15 Utilization Review modified a request for Physical Therapy right shoulder (6-12 X) qty: 12 modified to Physical Therapy right shoulder (6-12 X) qty: 6, noting the injured worker was authorized for 6 sessions in the past on 3/18/14 and from the current documentation the right shoulder pain has worsened. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy right shoulder (6-12 X) qty: 12: Upheld**

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

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

**Decision rationale:** The 48 year old patient presents with cervicalgia, shoulder joint pain and tendonitis, as per progress report dated 01/09/15. The request is for PHYSICAL THERAPY RIGHT SHOULDER (6-2 X) QTY 12. The RFA for this case is dated 11/24/14, and the patient's date of injury is 03/07/14. As per progress report dated 11/24/14, the patient complains of pain in neck, right shoulder, and right elbow along with numbness and tingling in her right upper extremity. The pain is rated at 6/10 and the range of motion is significantly reduced. Diagnoses, as per the same report, included cervical degenerative disc disease, shoulder injury, right elbow strain/sprain, cervical radiculitis, and depression. The patient has been allowed to continue on modified duty, as per progress report dated 01/09/15. MTUS guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the patient has significant right shoulder pain. The available progress reports do not document prior physical therapy. However, the UR denial letter states that the patient was approved for 6 sessions on 03/18/14. In progress report dated 08/05/14, the treater states that the patient was shown "how to do HEP and pt understood well." In subsequent progress reports, including the report dated 11/24/14, the treater recommends the patient to continue HEP. In the same progress report, the treater states that the purpose of additional PT is "to assist in increasing functional activity levels more rapidly in combination with a home exercise program. Also to improve shoulder/neck ROM and reduce pain." The treater, however, does not document reduction in pain and increase in function due to prior therapy. Additionally, MTUS only allows for 8-10 sessions of PT in non-operative cases, and the treater's request for 12 sessions exceeds that limit. Hence, the request IS NOT medically necessary.