

<b>Case Number:</b>	CM15-0117898		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	01/23/2012
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 45 year old female, who sustained an industrial injury on 1/23/12. She reported initial complaints of left upper extremity pain and parenthesis. The injured worker was diagnosed as having right shoulder impingement syndrome; regional myofascial pain syndrome neck/right shoulder girdle. Treatment to date has included status post right shoulder arthroscopy (8/17/12); right shoulder injection; trigger point injections; physical therapy; medications. Diagnostics included EMG/NCV left upper extremity (12/4/14). Currently, the PR-2 notes dated 5/4/15 indicated the injured worker complains of symptoms of a flare-up due to overworking it at work. Primary problem is documented as "a flare of the right shoulder, no specific injury." The provider notes that currently the focal pain is at the anterior and posterior shoulder blade and radiates to the right arm down to the right elbow. She reports weakness of the fingers, easily fatigues and cannot hold things. She continues to work 50+ hours per week. She rates the pain as 3-8/10. Current medications are listed as Voltaren 1% gel. The physical examination is documented as the range of motion of the right shoulder is mildly decreased due to pain and guarding. There is no evidence of periscapular atrophy or scapular winging. Impingement sign is mildly positive on the right and she has mild pain with supraspinatus testing on the right. The primary source of her pain appears to be the painful taut bands with diffuse myofascial trigger points of the neck and shoulder girdle, serratus anterior, there areas remain tender to palpation. These are the same areas that she has always has pain with but they are particularly painful today after overdoing it at work. Palpation of these areas reproduces her pain. Range of motion of the right elbow notes significant localized tenderness to palpation in the area of the right lateral

epicondylar region and worse with resisted wrist extension. Her motor strength is 5/5 and equal in the upper extremity. Her sensation is intact and equal as well. The provider is requesting authorization for physical therapy for the right shoulder 2 times a week for 4 weeks.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy 2 times a week for 4 weeks for the right shoulder:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work-related injury in January 2012 and continues to be treated for radiating right shoulder pain. Treatments have included physical therapy and compliance with a self-directed home exercise program with benefit. When seen, she was having a flare-up of symptoms. There was right shoulder guarding with shoulder and elbow tenderness. Shoulder impingement testing was positive. There were trigger points. Authorization for 8 sessions of physical therapy was requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy including documentation of an effective home exercise program. In this case, the number of visits requested is in excess of what might be needed to reestablish or revise her home exercise program and does not represent a fading of treatment frequency. The request is not medically necessary.