

<b>Case Number:</b>	CM15-0120992		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	08/12/2011
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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 26 year old female, who sustained an industrial injury on August 12, 2011. The injured worker was diagnosed as having right shoulder joint pain and cervical pain. Treatment to date has included magnetic resonance imaging (MRI), surgery, therapy and medication. A progress note dated May 22, 2015 provides the injured worker complains of jaw, ear and arm pain. She reports feeling of arm swelling and burning. Review of magnetic resonance imaging (MRI) reveals cervical disc degeneration. Physical exam notes shoulder tenderness, healed scar, the hand is cool, positive radial pulse, discoloration of the hand and venous engorgement. The plan includes physical therapy, cervical spine specialist evaluation and treatment, re-consultation and psychological treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times per week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99, Postsurgical Treatment Guidelines Page(s): 26, 27.

**Decision rationale:** The patient presents with right arm pain. The pain goes up to her jaw, ears, and down her arm. The request is for Physical Therapy 2 Times per Week for 6 Weeks. The request for authorization is dated 06/09/15. The patient is status post-right shoulder surgery, date unspecified. X-ray of the right and left clavicle and right shoulder, 06/11/14, shows normal examination. X-ray of the cervical spine, 06/11/14, shows mild intervertebral disc space narrowing at C4-5; hypoplastic development of the C2-3 intervertebral disc space. MRI of the cervical spine, 04/21/15, shows disc C3-4 with disc degeneration. Physical examination reveals she is definitely tender over her plexus. The patient's work status is not provided. MTUS post-surgical guidelines, pages 26-27, recommend 24 visits over a period of 14 weeks. The post-operative time-frame is 6 months. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater does not discuss the request. Given the patient's condition, a short course of physical therapy would be indicated. However, the treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Additionally, per UR letter dated 06/16/15, the patient had 30 sessions of post operative PT. In this case, the request for 12 additional sessions of physical therapy would exceed what is recommended by MTUS. Therefore, the request is not medically necessary.

**Re-consultation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 92. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

**Decision rationale:** The patient presents with right arm pain. The pain goes up to her jaw, ears, and down her arm. The request is for RE-CONSULTATION. The request for authorization is dated 06/09/15. The patient is status post right shoulder surgery, date unspecified. X-ray of the right and left clavicle and right shoulder, 06/11/14, shows normal examination. X-ray of the cervical spine, 06/11/14, shows mild intervertebral disc space narrowing at C4-5; hypoplastic development of the C2-3 intervertebral disc space. MRI of the cervical spine, 04/21/15, shows disc C3-4 with disc degeneration. Physical examination reveals she is definitely tender over her plexus. The patient's work status is not provided. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Treater does not discuss this request. In this case, the patient continues with right arm pain. It would appear that the current treater feels uncomfortable with the patient's medical issues and has requested a re-consultation with ■■■■■ Given the patient's condition, the request for a re-consultation appears reasonable. Therefore, the request IS medically necessary.