

<b>Case Number:</b>	CM15-0127248		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	01/12/2014
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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 54 year old female, who sustained an industrial injury on 1/12/2014. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical myoligamentous sprain/strain with myofascial headaches and status post left shoulder arthroscopy. Lumbar magnetic resonance imaging showed lumbosacral facet disease and remote disc disease and lower lumbar levels and cervical magnetic resonance imaging showed no acute abnormalities Treatment to date has included therapy and medication management. In a progress note dated 3/3/2015, the injured worker complains of pain in the neck, radiating to the left upper extremity and left shoulder surgical site pain with restricted range of motion. Physical examination showed decreased range of motion in the left shoulder and cervical spine. The treating physician is requesting 6 sessions of physiotherapy for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy 2 x 3 for cervical (PT):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine guidelines.

**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 cervical and lumbar pain rated 7/10. The request is for PHYSIOTHERAPY 2 X 3 FOR CERVICAL (PT). The request for authorization is dated 07/16/15. The patient is status post left shoulder surgery, 11/24/14. MRI of the cervical spine, 01/13/15, shows at C3-C4, C5-C6 and C6-C7, minimal effacement of anterior thecal sac. Patient has palpable tenderness at cervical, left cervical dorsal, right cervical dorsal, upper thoracic, lumbar, left sacroiliac, right sacroiliac, left buttock, sacral, right buttock and left anterior shoulder. Patient has well healed post surgical scar on the left shoulder. Decreased range of motion. Positive patrick fabere. Patient states to have notable anxiety and stress. Patient experiences insomnia. Patient's medications include Meloxicam, Cyclobenzaprine, Prilosec and Ambien. Per progress report dated 07/16/15, the patient is totally temporary disabled. 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. MTUS recommends up to 24 postoperative visits. Per UR letter dated 06/03/15, the request for authorization was received on 05/29/15. The patient is no longer within post-operative time frame of 6 months. Per progress report dated 03/03/15, treater notes "She has completed 2 out of 12 sessions of postoperative physical therapy." Given the patient's postoperative status and continued symptoms, the request for 6 sessions appears reasonable. Therefore, the request IS medically necessary.