

<b>Case Number:</b>	CM15-0128463		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	04/29/2013
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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 37 year old male who sustained an industrial /work injury on 4/29/13. He reported an initial complaint of pain to the right hand, thumb, shoulder, and right upper extremity. The injured worker was diagnosed as having cephalgia, cognitive/possible psychological disturbances, cervical spine strain, right shoulder strain s/p arthroscopic surgery, right hand paresthesias, right hand volar plate injury at the MCP (metacarpophalangeal) joint, ulnar collateral ligament strain, right carpal tunnel syndrome, thoracic/trapezius strain an left foot plantar fasciitis. Treatment to date includes medication and surgery right shoulder arthroscopic biceps tenodesis/debridement of superior labrum/subacromial bursectomy on 1/12/15. Currently, the injured worker complained of ongoing depression, headaches, neck pain with stiffness, right shoulder pain with radiation of the right elbow, bilateral wrist, hand, finger pain, lower back pain, and bilateral lower extremity pain with numbness. Per the primary physician's report (PR-2) on 5/15/15, exam noted generalized tenderness at the cervical spine, painful range of motion of the cervical spine, right shoulder, generalized tenderness, limited shoulder flexion on the right, positive right shoulder impingement sign, right volar wrist tenderness, decreased sensation right index finger/thumb, thoracic tenderness in the rhomboids greater than left and generalized tenderness at the left foot. Current plan of care included therapy and medication. The requested treatments include sessions of physical therapy to the thoracic spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2x6 sessions of physical therapy to thoracic spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back (Acute & Chronic) - Physical therapy.

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

**Decision rationale:** This patient presents with neck, back, right shoulder and left foot pain. The current request is for 2x6 sessions of physical therapy to thoracic spine. The RFA is dated 05/29/15. Treatment to date included medication, surgery (right shoulder arthroscopic biceps tenodesis/debridement of superior labrum/subacromial bursectomy on 1/12/15, and physical therapy. The patient is not working. The 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." According to progress report 5/15/15, the patient presents with tenderness in the cervical spine, with painful range of motion, right shoulder pain with limited ROM, and thoracic tenderness in the bilateral parathoracic and rhomboids. The treater recommended PT for the patient's thoracic spine symptoms to improve function, decrease his pain and improve flexibility. The patient has completed the standard course of post op PT following the right shoulder surgery, but there is no indication of any recent physical therapy to address the patient's thoracic spine complaints. Although a course of 9-10 sessions may be indicated, the current request for 12 sessions exceeds MTUS recommendation for these types of symptoms. The request exceeds guidelines recommendation; therefore, the request is not medically necessary.