

<b>Case Number:</b>	CM15-0046394		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	03/07/2007
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: New York, Tennessee  
Certification(s)/Specialty: Emergency Medicine

### 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, with a reported date of injury of 03/07/2007. The diagnoses include chronic pain syndrome, bilateral shoulder pain, neck pain, and cervical degenerative disc disease. Treatments to date have included topical pain medication, oral medications, an MRI of the cervical spine, right and left shoulder x-rays, and a home exercise program. The progress report dated 04/14/2014 indicates that the injured worker had neck pain, low back pain, shoulder pain, and knee pain. It was noted that the pain was better with physical therapy and medications. She rated her pain 7 out of 10 without medications, and 4 out of 10 with medications. The physical examination showed tenderness over the cervical paraspinal, trapezius, and rhomboid muscles; tenderness over the facet joints; reduced cervical range of motion in all planes; diffuse tenderness to palpation over each shoulder; pinpoint tenderness posteriorly over each shoulder; and decreased bilateral shoulder range of motion. The treating physician requested nine physical therapy sessions for the bilateral shoulders and cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x6 on the bilateral shoulders and cervical:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based

on Non-MTUS Citation Official Disability Guidelines Integrated Treatment/Disability Duration Guidelines, Shoulder Chapter.

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case the requested number of 12 visits surpasses the number of six recommended for clinical trial to determine functional improvement. The request should not be authorized and is not medically necessary.