

<b>Case Number:</b>	CM15-0077195		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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, 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 46 year old male who sustained an industrial injury on 9/12/12. The mechanism of injury is unclear. He currently has continued complaints of left shoulder pain and is unable to lift his arm. He has difficulty performing activities of daily living including basic self-care because of poor strength and grasping abilities. In addition he complains of neck pain that is intense on the posterior left side with radiation down to the top of the shoulder; lower thoracic and lumbar pain that has gotten progressively worse since 2012 and H-wave, stretching, topical creams are of no benefit. He has sleep difficulties. His pain level is 5-7/10. On physical exam of the cervical spine there is a popping sensation when he attempts to rotate to the left and decreased range of motion; spine with decreased range of motion; full range of motion of the right shoulder but left shoulder is painful with decreased range of motion. Diagnoses include neck sprain/strain; cervicgia; cervical spine disc syndrome; lumbago; lumbar spine disc syndrome with strain/sprain, radiculopathy and annular tear; complex regional pain disorder; shoulder rotator cuff syndrome with labral tear and left suprascapular neuropathy. Diagnostics include x-ray of the left shoulder (12/6/14) showing mild arthrosis of the acromioclavicular joint; whole body bone scan (12/5/14) was negative; x-rays (7/14) of the sacroiliac joints, sacrum and coccyx which were negative for fracture, dislocations or arthritis; MRI of the left shoulder showing mild degenerative arthritis and some evidence of tendinopathy of the subscapularis tendon; MRI arthrography (7/25/14) consistent with labral tear to the rotator cuff; cervical MRI showed significant abnormalities with bulges, possible protrusion and nerve root irritation. Treatments to date include H-wave machine which help to relax the neck and shoulder but results are of short duration; left shoulder injections X3 with numbness afterwards.

In the progress note dated 3/30/15 the treating provider's plan of care includes a request for physical therapy of the neck and back. There is a request dated 4/6/15 for physical therapy.

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

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

**Physical therapy sessions x 10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine page(s): 99.

**Decision rationale:** With regard to the request for additional physical therapy, the California Medical Treatment Utilization Schedule recommends transition from formal physical therapy to self-directed home exercises after a full course of therapy. Future therapy may be warranted if the patient has not had a full course of therapy. For myalgia, radiculitis or neuritis, up to 10 visits of formal PT is the recommendation by the Chronic Pain Medical Treatment Guidelines. In the case of injured worker, the date of injury is remote in 2012 and there is no summary of prior PT to date. Rather there is a progress note from 3/10/15 which requests PT without specifying prior functional gains from PT. The CA MTUS require evidence of functional benefit in order to continue PT. Secondly, there is no documentation of any extenuating circumstance of why the patient would require additional formal PT at this juncture without an attempt at self-directed home exercises. Therefore additional physical therapy as originally requested is not medically necessary.