

<b>Case Number:</b>	CM15-0093803		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	10/03/2012
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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 (IW) is a 33-year-old female who sustained an industrial injury on 10/03/2012. Diagnoses include cervical myofascial pain and right shoulder pain. Treatment to date has included medications, psychiatry and psychology, trigger point injections, TENS unit, cold machine and right shoulder surgery. According to the progress notes dated 4/20/15, the IW reported at least 50% relief of her chronic neck pain following trigger point injections that were performed on her last visit. The notes stated she was better able to function and was taking less medication. Her pain score was 4/10. On examination of the cervical spine, there was tenderness to palpation over the facet joints and on extension. The trapezius muscles were noted to be tender and there were trigger points present in the trapezius and cervical paraspinal muscles and the right parascapular region. A request was made for physical therapy two to three times weekly for eight sessions for the cervical spine; the record stated the IW's previous physical therapy was for the shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2-3 x week for 8 sessions cervical spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medical Guidelines Page(s): 99.

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

**Decision rationale:** The 33 year old patient complains of cervical myofascial pain and right shoulder pain, rated at 4/10, as per progress report dated 04/20/15. The request is for physical therapy 2-3 x wk for 8 sessions cervical spine. The RFA for this case is dated 04/30/15, and the patient's date of injury is 10/03/12. The patient is status post right wrist surgery on 03/04/15 and status post right shoulder labral debridement and subacromial decompression, as per progress report dated 04/20/15. As per another progress report dated 04/20/15, the patient suffers from pain in right shoulder, right wrist/hand, and elbow along with depression and anxiety. The patient is off work, as the same progress report. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the progress reports do not document prior physical therapy of the cervical spine. In progress report dated 04/20/15, the treater states that the last request for PT was denied "stating that the patient had 48 physical therapy sessions already for the shoulder. However, this is for the neck." The treater is requesting for a reconsideration. MTUS also allows for 8-10 sessions in non-operative cases. Hence, the request is medically necessary.