

<b>Case Number:</b>	CM14-0130961		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	01/27/2013
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 63 year old female sustained an injury on January 27, 2013. The mechanism of injury is not in the provided medical records. The diagnoses and results of the injury included right shoulder impingement and cervical strain. Prior treatment included an oral anti-inflammatory medication. On April 25, 2014, the injured worker received a non-steroidal anti-inflammatory injection, but the documentation does not include the injection's effect. The physician had requested physical therapy for several subsequent months but was denied. On May 9, 2014, the injured worker received a right shoulder injection, but the specific medication given was not included in the documentation. On June 3, 2014, noted the injured worker reported that the injection provided complete pain relief for two weeks, but then the symptoms gradually returned. The injured worker complained of neck and right trapezius area pain. The primary treating physician's physical exam revealed normal right shoulder range of motion. The physician recommended physical therapy, which was denied. The injured worker was prescribed a new oral anti-inflammatory medication. Work status was full duty. On July 15, 2014, the injured worker complained of pain with burning of the right trapezius muscle, right shoulder pain, and intermittent numbness of the right fingers. The primary treating physician's physical exam revealed increased right trapezius and parascapular tenderness to palpation, positive right Spurling, and decreased sensation of the right C6/C7 (cervical 6/cervical 7). The physician recommended continuing a home exercise program. Work status remained full duty. On August 4, 2014 Utilization Review non-certified a prescription for 6 (2 times 3) visits of physical therapy. The physical therapy was non-certified based on lack of documentation of symptomatic and functional improvement that resulted from previous physical therapy. The California Medical Treatment Utilization Schedule (MTUS) was cited.

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

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

**Physical therapy 2 times 3, for the right shoulder:** Overturned

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

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

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. In this case, there is no evidence of completing prior physical therapy. The claimant's shoulder symptoms were persistent and would benefit from therapy. The 6 sessions are medically necessary.