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| <b>Case Number:</b>   | CM13-0042456 |                              |            |
| <b>Date Assigned:</b> | 01/15/2014   | <b>Date of Injury:</b>       | 02/20/2013 |
| <b>Decision Date:</b> | 06/12/2014   | <b>UR Denial Date:</b>       | 10/03/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/18/2013 |

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in New York and Texas. 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:

The injured worker is a 55-year-old female who reported an injury on 02/20/2013. The mechanism of injury was repetitive stress. The clinical documentation indicated that the injured worker had been certified for 12 sessions of physical therapy. The documentation of 09/26/2013 revealed the injured worker had persistent pain in the right upper trapezius, right upper arm, and right distal forearm/wrist area that was worse when the injured worker last worked. The physical examination revealed normal range of motion in the right elbow. The injured worker had mild tenderness over the palmaris longus tendon in the right wrist. The examination of the right shoulder revealed abduction and flexion were near normal. The treatment plan included 6 additional sessions of physical therapy and cyclobenzaprine 1 to 2 at bedtime as needed for muscle spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ADDITIONAL PHYSICAL THERAPY VISITS TO THE RIGHT SHOULDER, QTY:**

**6.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy, Preface.

**Decision rationale:** The California MTUS Guidelines indicate that physical medicine treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis. The guidelines, however, do not address impingement syndrome. As such, secondary guidelines were sought. The Official Disability Guidelines (ODG) indicates that physical medicine treatment for impingement syndrome is 10 visits. Additionally, the guidelines indicate when treatment duration and/or number of visits exceed guideline recommendations, exceptional factors should be noted. The clinical documentation submitted for review indicated that the injured worker had utilized 12 sessions of physical therapy. There was a lack of documentation of the objective functional benefits that were received and the remaining functional deficits to support the need for further therapy. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request for 6 additional sessions would be excessive. Given the above and the lack of documentation of objective functional deficits remaining, the request for additional physical therapy visits to the right shoulder, quantity 6, is not medically necessary.