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| <b>Case Number:</b>   | CM13-0048525 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 09/28/2010 |
| <b>Decision Date:</b> | 03/06/2014   | <b>UR Denial Date:</b>       | 10/31/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/06/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 physician 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 patient is a 41-year-old female with date of injury 09/28/10. The listed diagnoses per [REDACTED] dated 09/17/13 are: Right shoulder impingement syndrome Cervical spine strain, Bilateral S1 radiculopathy per MRI, Right moderate carpal tunnel syndrome, Cervicogenic headaches and Status post right shoulder surgery, unknown procedure (2011). According to progress report dated 09/17/13 by [REDACTED], the patient presents with pain in the right wrist and right arm. Examination of the right shoulder showed tenderness to palpation of shoulder, decreased Range Of Motion in flexion and abduction, positive impingement sign, positive Tinel's/Phalen's, reduced grip strength and positive straight leg raise bilaterally. The treater is requesting 12 PT sessions for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy/Physiotherapy 3 times a week for 4 week for the Right Shoulder:** Upheld

**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:** This patient presents with chronic right shoulder pain. Treater is requesting 12 physical therapy sessions for the right shoulder. Utilization review from 10/31/13 referenced 10/08/13 report by [REDACTED] but this report is missing in the file provided for this review. Without this report, it is not clear why the treater is requesting physical therapy at this time. Other reports reviewed do not discuss flare-up's or any recent surgery to the shoulder. There are no therapy reports included in the file and the patient's recent therapy treatment history is also not known. However, Chronic Pain Medical Treatment Guidelines page 98, 99 recommends 8-10 visits over 8 weeks for myalgia, myositis and neuralgia type symptoms. The current request for 12 sessions exceeds what is allowed for this type of condition regardless of the patient's treatment history. Therefore the request for Physical Therapy/Physiotherapy 3 times a week for 4 weeks for the Right Shoulder is not medically necessary.