

<b>Case Number:</b>	CM13-0055628		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/20/2011
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of February 28, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties, unspecified amounts of manipulative therapy; and two shoulder corticosteroid injections. In a Utilization Review Report of November 6, 2013, the claims administrator denied a request for 12 sessions of physical therapy. The claims administrator cited multiple guidelines, including (MTUS) Medical Treatment Utilization Schedule Postsurgical Treatment Guidelines. The applicant's attorney subsequently appealed. In an October 8, 2013 progress note, the applicant states that physical therapy has only been helping a little. She is increasingly frustrated. She has positive signs of internal impingement with tenderness appreciated about the anterior shoulder. She is given diagnosis of shoulder impingement syndrome with biceps tendonitis. An operative diagnostic and potentially therapeutic arthroscopic procedure are sought. An earlier note of August 29, 2013 was again notable for comments that the applicant has persistent shoulder impingement syndrome which is proven recalcitrant to conservative treatment. Additional physical therapy and possible surgical intervention are sought. The applicant does exhibit positive signs of internal impingement with limited shoulder range of motion noted. It is incidentally noted that the applicant apparently alleged shoulder pain secondary to cumulative trauma, it is suggested on an earlier note of June 18, 2013. On July 19, 2013, it is stated that the applicant is permanent and stationary with permanent work restrictions in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 times a week for 4 weeks for Right Shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8, 99.

**Decision rationale:** The applicant has had prior unspecified amounts of physical therapy over the life of the claim. While page 99 of the MTUS Chronic Pain Medical Treatment Guideline does support a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, page 8 of the MTUS Chronic Pain Medical Treatment Guideline does state that demonstration of functional improvement is necessary at various milestones in the treatment program so as to justify continued treatment. In this case, however, the applicant has seemingly failed to effect any lasting benefit or functional improvement through prior unspecified amounts of physical therapy. She remains highly reliant on various medical treatments. She is now apparently considering a surgical remedy her shoulder range of motion is markedly reduced. The applicant has permanent work restrictions which remained in place, unchanged, from visit to visit. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite having completed prior physical therapy. Therefore, the request for additional physical therapy is not certified.