

<b>Case Number:</b>	CM13-0061269		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/07/2009
<b>Decision Date:</b>	05/09/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 and is licensed to practice in 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 04/07/2009. The mechanism of injury was not provided. Current diagnoses include cervical strain, lumbar strain, shoulder impingement, hip strain, bilateral knee internal derangement, and right knee degenerative joint disease. The injured worker was evaluated on 08/30/2013. The injured worker reported persistent pain in bilateral shoulders, right knee, right hip, cervical spine, thoracic spine, and low back. The injured worker is status post right total knee arthroplasty on 01/17/2013. The injured worker has been able to return to work. The injured worker also reported improvement following a steroid injection into the right shoulder. Physical examination revealed painful cervical range of motion, tenderness to palpation over the right upper trapezius muscle, positive impingement testing in the right shoulder, tenderness to palpation over the distal clavicle and biceps tendon, 4/5 strength in the right shoulder, painful range of motion of the lumbar spine with tenderness to palpation over the right SI joint, and tenderness to palpation over bilateral medial and lateral joint lines of the knees. Treatment recommendations included a short course of physical therapy for the cervical spine and right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 ADDITIONAL PHYSICAL THERAPY SESSIONS FOR THE RIGHT SHOULDER:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48-49.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. For myalgia and myositis, Guidelines allow for 9 to 10 visits over 8 weeks. The current request for 12 additional sessions of physical therapy for the right shoulder exceeds the MTUS Chronic Pain Guidelines' recommendations. There is also no documentation of objective functional improvement following an initial course of physical therapy that would warrant additional treatment. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary and appropriate.