

<b>Case Number:</b>	CM13-0062328		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/07/2009
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 and Rehabilitation 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:

The injured worker is a 44-year-old female who reported an injury on 10/07/2009 secondary to being yelled at by a supervisor. The patient was evaluated on 10/30/2013 for reports of right arm getting cold and swelling. The exam noted decreased sensation, a positive Adson's sign on the right and right shoulder range of motion decreased to 50%. An unofficial x-ray of the clavicle on 10/17/2013 noted the fracture appeared to be healing. The treatment plan included a request for neurology, electrodiagnostic studies, and an ultrasound. The request for authorization dated 11/12/2013 was provided in the documentation. The rationale for the request was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the Right Shoulder, Three (3) Times a Week for Four (4) Weeks:**  
Upheld

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

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

**Decision rationale:** The California MTUS Guidelines may recommend physical therapy for restoring flexibility, strength, endurance, function, and range of motion. The guidelines further

recommend up to 9 to 10 visits over 8 weeks. The injured worker has already received prior physical therapy treatments. Although the patient does demonstrate a 50% reduction in the range of motion, there is a significant lack of clinical evidence in the documentation provided of the efficacy of the prior physical therapy. The request for 12 physical therapy sessions in addition to the already received physical therapy sessions exceeds the recommended number of sessions per the guidelines. Therefore, due to the significant lack of clinical evidence of changes in the injured worker's condition to warrant a new series of physical therapy and the number of visits being requested exceeding the number of visits recommended per the guidelines, the request for physical therapy for the right shoulder 3 times a week for 4 weeks is not medically necessary.