

<b>Case Number:</b>	CM13-0064930		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/04/2010
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 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 39-year-old male with a March 4, 2010 date of injury. At the time of request for authorization for Physical Therapy two (2) times per week for three (3) weeks for the right shoulder, there is documentation of subjective (constant right shoulder pain that increases with movements and neck pain with numbness/tingling of digits 4 and 5) and objective (right shoulder decreased range of motion with pain and scapular dyskinesis) findings, current diagnoses (cervical radiculopathy and crushing injury to the shoulder region), and treatment to date (12 physical therapy visits). In addition, physical therapy progress notes indicate functional improvement with therapy. There is documentation of 12 physical therapy sessions to date which exceeds guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for six (6) physical therapy sessions for the right shoulder, two (2) times per week for three (3) week: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter and Neck and Upper Back Chapter, Online Edition.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter, page(s) 114 and Official Disability Guidelines (ODG) Shoulder, Physical therapy (PT).

**Decision rationale:** The ACOEM identifies the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, as criteria necessary to support the medical necessity of additional physical therapy. The ODG recommends a limited course of physical therapy for patients with a diagnosis of shoulder sprain/strain and impingement not to exceed 10 sessions over 8 weeks, and documentation of exceptional factors when treatment duration and/or number of visits exceeds the guidelines, as criteria necessary to support the medical necessity of additional physical therapy. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy and crushing injury to the shoulder region. In addition, there is documentation of 12 physical therapy sessions to date, which exceeds guidelines, objective improvement with previous treatment, functional deficits, and functional goals. However, there is no documentation of a statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.