

<b>Case Number:</b>	CM13-0069550		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	06/02/1997
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 Geriatrics and is licensed to practice in New York. 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 woman with a date of injury of 6/2/97. She was seen by her orthopedic physician on 11/8/13 for recalcitrant right shoulder pain. She was said to have very minimal function and decreased motion. Her diagnosis was significant adhesive capsulitis. She has undergone cortisone injections which were helpful for a period of time but she is reluctant to move her shoulder and her motion has not progressed. She has had symptoms for 7 months. Her shoulder was said to be difficult to examine due to pain. An MRI did not show any significant rotator cuff tear. Her right shoulder gelnoid and scapular motion was 90 degrees and isolated glenohumeral joint motion 60 degrees. She could externally rotate the glenoid to neutral and internally rotate to the belf line. Her rotator cuff could not be reliably tested due to discomfort. She is status post 8 sessions of physical therapy from 8/23/13 - 10/4/13 and she made very limited progress with her pain and activity tolerance. She did improve her functional abilities and active/passive range of motion. The physician provided another cortisone injection and requested physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **TWELVE (12) PHYSICAL THERAPY SESSIONS FOR THE RIGHT SHOULDER:**

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 MTUS Physical Medicine Guideline allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. In this injured worker, physical therapy has already been used for over two months as a modality and a self-directed home exercise program should be in place. She did not make significant progress with prior physical therapy. The records do not support the medical necessity for 12 physical therapy visits in this individual with chronic shoulder pain.