

<b>Case Number:</b>	CM13-0069617		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/05/1989
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	12/16/2013
<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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 60 year old female with a reported date of injury on 12/05/1989. The mechanism of injury was not provided. The injured worker's diagnoses included rotator cuff syndrome. The injured worker's past treatment included medications, a TENS unit, and physical therapy. The injured worker's diagnostic testing included an x-ray of the cervical spine which demonstrated 7 normal cervical bodies with normal maintenance of the intervertebral disc height and right shoulder which did not demonstrate any abnormalities which were both ordered on 08/30/2013. No pertinent surgical history was provided. The injured worker was evaluated on 11/15/2013 for chronic right sided neck, right shoulder and arm pain and numbness in the fingers of the right hand. She reported a flare up of right sided neck and arm pain a week prior to the visit. The clinician observed and reported right cervical and trapezius tenderness and guarding. Upper and lower extremity bilateral reflexes were measured at 2+ and equal. Motor strength and sensory testing of the upper and lower extremities were normal. The injured worker's medications included Vicodin. The request was for physical therapy to the right shoulder for 6 sessions, 2 times per week for 3 weeks for rotator cuff syndrome. The request for authorization form was submitted on 11/18/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TO THE RIGHT SHOULDER FOR 6 SESSIONS, 2 TIMES PER WEEK FOR 3 WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, 98-127

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

**Decision rationale:** The injured worker complained of a recent flare of neck and shoulder pain and reported that physical therapy was helpful in the past. The California MTUS Guidelines recommend active therapy that 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend 9-10 sessions of physical therapy over 8 weeks. The information provided indicated findings of normal strength and the documentation did not include a measure of range of motion. There is a lack of documentation indicating the injured worker has significant objective functional deficits for which physical therapy would be indicated. The requesting physician did not indicate whether the injured worker has previously participated in physical therapy, as well as provide evidence of significant objective functional improvement with the prior physical therapy. Therefore, the request for Physical Therapy to the Right Shoulder for 6 sessions, 2 times per week for 3 weeks is not medically necessary.