

<b>Case Number:</b>	CM13-0070866		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	05/22/2012
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Neuromuscular Medicine, and is licensed to practice in Maryland. 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 patient is a 60 year old female with a work injury dated 5/22/12. Per documentation there was no specific injury but her symptoms occurred while performing her desk job. The diagnoses include lumbosacral sprain, right shoulder impingement with long-standing atraumatic symptoms around right shoulder. Under consideration is a request for physical therapy for the right shoulder 6 visits. The documentation indicates that she has had at least 12 visits of PT for her shoulder. There is a primary treating physician (PR-2) document dated 12/3/13 that states that the patient's shoulder has improved, but hasn't completely resolved. She is performing massage on her own which she feels has been helpful. She has been exercising herself in the gym and finds that to be helpful. She is performing regular work and works out at lunch time. She performs yoga. She does not take any pain medications. She still has difficulty sleeping on the shoulder, but that is improved. She could not tolerate even an open MRI due to claustrophobia. She is not interested in trying again to get an MRI with sedation. Since the documenting physician's initial evaluation of September 17, 2013, she has performed therapy once weekly which she feels has been very helpful. She finds herself moving more comfortably and easily, but still has discomfort especially with horizontal abduction of the arm and pressing down. She has residual tightness with some motions. In addition to therapy, she is performing yoga. She feels her initial shoulder injury worked its way through her body and remains frustrated by symptoms around her knees with posterolateral tightness aggravated by kneeling. She would like to work on her knees in therapy as well. She is performing regular work. On exam she appears comfortable. Her examination is not substantially changed. She is thin. Neck and shoulder motion are excellent. She describes some discomfort with extremes of motion, but she has no limitation of shoulder motion. Strength is good. There is no appreciable atrophy. She has some discomfort with

impingement maneuvers, but that may simply represent the limits of her comfortable movement as she also has discomfort with positions inconsistent with impingement such as full shoulder external rotation. The treatment plan includes continued therapy once weekly for 6 more weeks in addition to her independent exercise program.

### **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 6 VISITS: 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 guidelines recommend up to 10 visits for this condition. The patient has already exceeded this recommendation. At this point the patient should be well versed in a home exercise program. That documentation does not indicate that there are extenuating circumstances that would require another 6 supervised physical therapy sessions. The request for physical therapy for the right shoulder 6 visits is not medically necessary.