

<b>Case Number:</b>	CM13-0072393		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	09/01/2013
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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:

According to the records made available for review, this is a 37-year-old female with a 9/1/13 date of injury. At the time of request for authorization for Physical therapy, 3 times a week for 3 weeks for the right shoulder, there is documentation of subjective (right arm and right shoulder pain with weakness and numbness/tingling of the right arm) and objective (decreased range of motion in the bilateral shoulders) findings, current diagnoses (shoulder sprain/strain), and treatment to date (activity modification, physical therapy, and medications). 12/10/13 medical report indicates that the patient has had 3 sessions of physical therapy completed to date. There is no documentation of objective improvement with previous physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, 3 times a week for 3 weeks for the right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, Current Edition, online version, current year, Sections on Shoulder and Physical Therapy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Suffering, and the Restoration of Function Chapter, page(s) 114; Official Disability Guidelines (ODG) Sections on Shoulder and Physical therapy (PT)

**Decision rationale:** MTUS reference to 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. ODG recommends a limited course of physical therapy for patients with a diagnosis of shoulder sprain/strain not to exceed 10 sessions over 8 weeks; and documentation of exceptional factors when treatment duration and/or number of visits exceeds the guidelines. Within the medical information available for review, there is documentation of a diagnosis of shoulder sprain/strain. In addition, there is documentation of 3 physical therapy sessions completed to date. However, there is no documentation of objective improvement with previous physical therapy. In addition, the proposed number of physical therapy sessions, in addition to the sessions already completed, would exceed guidelines. Therefore, based on guidelines and a review of the evidence, the request for Physical therapy, 3 times a week for 3 weeks for the right shoulder is not medically necessary.