

<b>Case Number:</b>	CM14-0108044		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/14/2011
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 and 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 26 year old female with a work injury dated 9/14/11. The diagnoses include cervical radiculopathy; lumbosacral radiculopathy; thoracic sprain/strain. Under consideration is a request for physiotherapy 3 x 4 for the right shoulder. There is a primary treating physician report dated 5/27/14 which states that the patient is complaining of an exacerbation of left shoulder girdle pain. Physical examination today shows mild impingement and Hawkins signs of the right shoulder with decreased range of motion in flexion and abduction to approximately 120 degrees. She is also exhibiting spasm, tenderness and guarding in the paravertebral musculature of the cervical spine with loss of range of motion. The treatment plan included a trigger point, conservative care and work restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy 3 times a week for 4 weeks for right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Physiotherapy 3 times a week for 4 weeks for right shoulder is not medically necessary per the MTUS Guidelines. The guidelines recommend up to 10 visits for this condition. The request exceeds this recommended number of visits. There is no documentation submitted from prior PT sessions. The patient had a date of injury in 2011. Prior utilization reviews state that the patient has had extensive PT. The current documentation does not indicate the amount of PT and outcome of prior PT sessions and what body part the patient has had PT on. Without this information additional therapy cannot be certified. Therefore, the request for physiotherapy 3 times a week for 4 weeks for the right shoulder is not medically necessary.