

<b>Case Number:</b>	CM14-0014538		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	11/01/2008
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 Occupational Medicine 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 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 65-year-old female who has submitted a claim for cervical disc degeneration, shoulder impingement syndrome, internal derangement shoulder, non-traumatic rotator cuff tear associated with an industrial injury date of 11/01/2008. The medical records from 07/22/2013 to 03/11/2014 were reviewed and showed that patient complained of on and off burning neck pain graded 8/10. The pain radiated down the right arm and hand. There was complaint of bilateral shoulder pain, right (graded 8/10) greater than left (3/10), which was aggravated with overhead activities. Physical examination of the cervical spine revealed no gross deformity or tenderness. Normal cervical ROM was noted. Axial compression test was negative. Physical examination of bilateral shoulders revealed a 10cm right shoulder scar with no tenderness or deformities. There was decreased right shoulder ROM in all planes of movement. Normal left shoulder ROM was noted. Painful arc sign was positive on the right shoulder. Impingement sign was negative bilaterally. The treatment to date has included open rotator cuff repair (08/08/2010), right shoulder arthroscopic surgery 06/08/2013, physical therapy, home exercise program, and pain medications. In utilization review, dated 01/06/2014, denied the request for six visits of physical therapy at two times a week for three weeks to the right elbow because the objective findings did not reveal significant neurological deficits in the right elbow to be addressed by the requested treatment. Additionally, objective evidence to show that the previous therapy treatment resulted to significant improvement was not presented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSIO THERAPY, SIX SESSIONS, TO THE SHOULDER AND CERVICAL SPINE:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

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

**Decision rationale:** According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended 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. Physical medicine guidelines 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 case, the patient has completed unspecified visits of physical therapy. There was no documentation of functional improvement based on the medical records. It is also unclear as to why the patient cannot self-transition into HEP. Therefore, the request for PHYSIO THERAPY, SIX SESSIONS, TO THE SHOULDER AND CERVICAL SPINE is not medically necessary.