

<b>Case Number:</b>	CM14-0129252		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	05/30/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 & Rehabilitation and is licensed to practice in Nevada. 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 58-year-old female who reported an injury on 05/30/2013 when a giant flat screen TV fell on her head and neck. On 06/23/2014, her diagnoses included rule out cervical radiculopathy to both upper extremities with negative EMG/NCV reported as of 06/03/2014, post traumatic rotator cuff tendinopathy of the right shoulder without evidence of gross rotator cuff attrition per prior MRI with compensatory rotator cuff tendinopathy, left shoulder progression into adhesive capsulitis and rule out underlying thoracic outlet syndrome. The physical examination revealed tenderness of the AC joints to palpation over the right shoulder with some discomfort on horizontal adduction with impingement signs noted. The treatment plan included physical therapy, heat modalities, gentle range of motion, progressive stretching and strengthening. On 07/07/2014, it was noted that her physical therapy had been discontinued but no reasons were given as to why it was discontinued or how many sessions she had had or the results thereof. She was instructed in a home exercise program. The rationale stated that the ordering physician preferred that she attend occupational therapy to work on conditioning so that she can get used to using her hands and get back into her job which she enjoyed and does very well. It further stated that no progress was being made because no physical therapy or rehabilitation was being offered. A Request for Authorization dated 07/14/2014 was included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy x 8 sessions, right upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The California MTUS Guidelines recommends passive therapy for short term relief during the early phases of pain treatment to reduce inflammation and swelling. Since it has been longer than 1 year since the reported injury, and the physician is requesting passive therapy modes, the clinical information submitted failed to meet the evidence based guidelines for physical therapy. Therefore this request is not medically necessary.