

<b>Case Number:</b>	CM14-0157716		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	05/09/2011
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Interventional Spine 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 47-year-old male with a date of injury of 05/09/2011. The listed diagnoses per [REDACTED] are: 1. Adhesive capsulitis. 2. Chronic headache. According to progress report 09/09/2014, the patient presents with a flareup of his right shoulder pain due to driving 3 hours. The patient continues with a weakness in the right shoulder and reports difficulty with grooming and overhead reach. The patient continues to participate in physical therapy and has some soreness after his sessions. Examination of the right shoulder revealed forward flexion 90 compensating with cervical spine muscles. Abduction 90 using compensatory trap muscles. ER 45, guarded, using compensatory R trap muscles, decreased from previous exam. The treater is requesting additional 8 physical therapy sessions. Utilization Review denied the request on 09/16/2014. Treatment reports from 01/07/2014 through 09/29/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 2x4 right shoulder:** Upheld

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

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

**Decision rationale:** This patient presents with continued right shoulder pain. The treater is requesting additional physical therapy 2 times a week for 4 weeks as the patient's range of motion has decreased from last visit. The medical file indicates that the patient underwent manipulation under anesthesia on 11/07/2013 by [REDACTED]. The patient is outside of the post surgical time frame. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis-type symptoms 9 to 10 sessions over 8 weeks. [REDACTED] in his 04/30/2014 report stated that the patient has completed "31 of 32 physical therapy sessions. In this case, the patient has received ample physical therapy sessions. The treater does not discuss why the patient would not be able to transition into a self-directed home exercise program. It appears the patient has had 30+ physical therapy sessions and should now be well versed in the exercises to address any residual complaints. The request is not medically necessary.