

<b>Case Number:</b>	CM14-0160676		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	03/29/2014
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 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:

This is a patient with a date of injury of March 29, 2014. A utilization review determination dated September 18, 2014 recommends non-certification for additional physical therapy. A progress report dated September 10, 2014 identifies subjective complaints of left shoulder pain. The note states that the patient has completed 6 physical therapy visits with improvement in shoulder pain and range of motion. She continues to have mild to slight shoulder pain with walking. Left shoulder examination reveals tenderness to palpation diffusely, nearly normal range of motion, and positive cross arm test. Diagnoses include chest pain, pain in the left shoulder, and thoracic pain. The treatment plan recommends 6 additional physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy three times a week for two weeks for the left shoulder, left shoulder quantity: 6:** 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)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Guidelines recommend 10 therapy visits for the treatment of rotator cuff syndrome/syndrome. Within the documentation available for review, there is documentation of completion of prior physical therapy sessions, but there is no documentation of remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of physical therapy recommended by the ODG and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.