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| <b>Case Number:</b>   | CM14-0162681 |                              |            |
| <b>Date Assigned:</b> | 10/07/2014   | <b>Date of Injury:</b>       | 01/24/2013 |
| <b>Decision Date:</b> | 11/17/2014   | <b>UR Denial Date:</b>       | 09/16/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/03/2014 |

### 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 Internal Medicine, has a subspecialty in Geriatric Medicine and is licensed to practice in New York. 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 37 year old woman with a date of injury of 1/24/13. She was seen by her physician on 6/9/14 with complaints of pain in both shoulders, arms and neck but her left shoulder was said to hurt the most. Her musculoskeletal exam showed reduced range of motion of the right shoulder due to pain. She has had physical therapy, acupuncture, massage and an injection to her left shoulder. Her diagnoses were left shoulder internal derangement, bronchial asthma exacerbation and history of elevated blood pressure. At issue in this review is the request for Physical Therapy 2x week x 6 weeks for left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x week x 6 weeks for left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy

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

**Decision rationale:** 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

injured worker, physical therapy has already been used as a modality and a self-directed home exercise program should be in place. She is independent with ADLs and mobility. The records do not support the medical necessity for 2x week x 6 weeks for left shoulder in this individual with chronic pain.