

<b>Case Number:</b>	CM14-0169933		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	07/30/2013
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 Orthopedic Surgery and is licensed to practice in Arizona. 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 40-year-old female who sustained an injury on 7/30/2013 when she was involved in a slip and fall at work. As a result of the fall, she complained of pain in her right shoulder, lumbar spine, dizziness, and ringing in her ears. A qualified medical examination was done on 8/27/2014. At that time, the patient was taking Ibuprofen, Omeprazole, and Tramadol. She was complaining of right shoulder pain and weakness. The patient had decreased motion of her left shoulder associated with tenderness. An MRI of the right shoulder showed marked tendinopathy in the distal supraspinatus portion of the rotator cuff with irregular tears. This was associated with a full-thickness component. There did not appear to be any retraction. In a report dated 9/25/2014, it was noted that the patient had tenderness to the bicipital groove, a positive impingement sign, a positive speeds test and discomfort anteriorly, laterally, and posteriorly. A request was made for physical therapy twice a week for 6 weeks. If there was no significant improvement with physical therapy then arthroscopic surgery would be recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy evaluation and treatment to the right shoulder two (2) times a week for six (6) weeks:** 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 Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical Therapy

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines recommend physical medicine. Passive modalities can provide short-term pain relief. But the mainstay of physical medicine is active therapies which can restore flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In addition to active supervised therapy, the patient is expected to engage in a home program of active therapy to complement the supervised physical therapy. The chronic pain guidelines recommends for myalgia 9-10 visits over 8 weeks. The Official Disability Guidelines recommends for rotator cuff disease and impingement 10 visits over 8 weeks. Therefore according to the guidelines, the medical necessity for 12 sessions over 6 weeks has not been established. Therefore, this request is not medically necessary.