

<b>Case Number:</b>	CM14-0170699		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	06/12/2014
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/09/2014
<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 Family Medicine and is licensed to practice in Ohio. 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 years old female with a date of injury of 6-6-2014 when she tripped over a box, landing on her knees. She complains of neck pain radiating to the shoulders, arms, and hands with intermittent numbness and tingling in the hands. She also complains of low back pain, right hip pain, and bilateral knee pain. The physical exam reveals tenderness of the cervical paraspinal muscles with decreased range of motion, tenderness of the thoracic and lumbar paraspinal muscles with decreased range of motion, decreased range of motion of both shoulders, both knees, and the right hip. There is tenderness of the right shoulder, right wrist and hand, and Tinnel's sign is positive on the right. The diagnoses are cervicalgia, cervical spine myofascial pain, bilateral shoulder pain, right carpal tunnel syndrome, bilateral wrist pain, right sided greater trochanteric bursitis, bilateral hip pain, and bilateral knee pain. She has been treated with unspecified medications. Physical therapy was ordered as a trial to all affected regions. It appears the injured worker has completed 19 sessions of physical therapy and has generally shown improvements in pain, strength and functionality but appears to have stalled in terms of overhead reach functionality.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 additional outpatient physical therapy for the left shoulder, 2 sessions per week for 8 weeks.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical Therapy

**Decision rationale:** The Official Disability Guidelines suggest a 6 visit trial of physical therapy following which a formal assessment should be done to determine if therapy is resulting in progress or not. If there is progress after a 6 visit trial, the guideline specifically allow for 10 physical therapy over 8 weeks for a shoulder/rotator cuff sprain. In this instance, the injured worker has had 19 physical therapy visits. Her ability to reach overhead became limited to 65% on 10-13-2014 and had not improved for over a week. There are some notations from physical therapy that appear to discuss the left shoulder under 'additional comments' but they are illegible. The provided documentation suggests that the injured worker has already exceeded the recommended number of physical therapy visits for her diagnoses and she has plateaued. 12 additional physical therapy visits for the left shoulder is unnecessary per the referenced guidelines.