

<b>Case Number:</b>	CM14-0020847		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	04/10/2012
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 Texas. 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 51 year old male with a reported date of injury on 04/20/2012. The worker was injured when he unloaded a cart full of wet sheets and felt pain to the right upper extremity. The progress note date 04/15/2013 reported the injured worker complained of right shoulder pain with numbness and weakness. The diagnoses are listed as cervical spine pain, right neck pain, and right median neuropathy. An electromyography and nerve conduction study was performed on 07/15/2013 and the conclusion was severe bilateral carpal tunnel syndrome, right side greater than the left side and bilateral chronic active C5-C6 radiculopathy. A range of motion scale was performed on 08/16/2013 and the injured worker's right shoulder's flexion was 103 degrees, extension was 29 degrees, abduction was 80 degrees, adduction was 38 degrees, internal rotation was 10 degrees and external rotation was 80 degrees. The progress note dated 01/08/2014 also stated the injured worker has had physical therapy and chiropractic care without relief. The injured worker claimed to have had a shoulder injection that decreased his pain. A range of motion test was performed on 01/31/2014 was listed as follows, abduction to 140 degrees, flexion to 150 degrees, internal rotation right L4 and left T9 and the external rotation to 70 degrees. The request of authorization form was not submitted with the medical records. The request is for six physical therapy visits of the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SIX PHYSICAL THERAPY VISITS OF RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The injured worker underwent physical therapy and chiropractic care with no benefits. According to the California Chronic Pain Medical Treatment guidelines, active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The recommended number of visits with physical therapy is 8-10 visits over 4 weeks. The documentation is unclear as to how many visits the injured worker received. The injured worker claimed the injection to his shoulder helped more than the physical therapy and chiropractic care he had previously received. Therefore, the request is not medically necessary.