

<b>Case Number:</b>	CM14-0025164		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	07/17/2011
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Occupational Medicine, 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 66-year-old female who sustained injury to her right shoulder on 6/17/11. The mechanism of injury was not documented. MRI revealed mild supraspinatus tendinosis as well as some acromioclavicular joint arthrosis. Physical examination noted full range of motion of the of the bilateral shoulders 0-180 of forward flexion, external rotation to 70 and internal rotation to T6. There was normal sensation from C5 through T1 and some mild tenderness over the acromioclavicular joint, otherwise, 5/5 strength in the rotator cuff. A clinical note dated 1/24/14 reported that the injured worker is undergoing physical therapy for the right shoulder which is helping her arm and numbness/tingling in her hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ADDITIONAL PHYSICAL THERAPY 12 VISITS FOR THE RIGHT SHOULDER:**

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 Chapter, Physical therapy.

**Decision rationale:** It was noted that the injured worker had a positive response from therapy; however, the total number of visits of physical therapy or the functional outcome from previous treatment was not detailed. Without submission of prior progress reports with objective gains noted, medical necessity was not evident. There were no physical therapy notes provided for review that would indicate the amount of physical therapy visits that the injured worker has completed to date or the injured worker's response to any previous conservative treatment. Given the clinical documentation submitted for review, medical necessity of the request for additional physical therapy 12 visits for the right shoulder has not been established.