

<b>Case Number:</b>	CM14-0025780		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	05/16/2011
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 California. 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 32-year-old male who reported an injury on 10/10/2013. The mechanism of injury was not provided for clinical review. The diagnoses included status post right shoulder subacromial decompression and anxiety. Previous treatments include MRI, surgery, medication, and TENS unit. Within the clinical note dated 01/27/2014, reportedly the injured worker complained of pain in the right shoulder which he rated 6/10 in severity. She noted she had increased clicking/popping and continued to have symptoms of anxiety. Within the physical exam, the provider noted the injured worker had painful range of motion of forward flexion at 165 degrees, abduction at 155 degrees. The provider requested physical therapy for the right shoulder. The request for authorization was submitted and dated on 02/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TWO TO THREE TIMES A WEEK FOR 6 WEEKS, RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The injured worker complained of right shoulder pain she rated 6/10 in severity. She reported increased clicking/popping and continued to have symptoms of anxiety. The MTUS Chronic Pain Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. The MTUS Chronic Pain Guidelines allow for fading of the treatment frequency plus active self directed home physical medicine. The MTUS Chronic Pain Guidelines note for neuralgia and myalgia 8 to 10 visits of physical therapy are recommended. There is a lack of documentation indicating an adequate and complete physical examination demonstrating the injured worker had decreased functional ability, decreased range of motion, and decreased strength or flexibility. The request for 12-18 sessions of physical therapy exceeds the MTUS Chronic Pain Guidelines' recommendations of 8-10 visits. Therefore, the request is not medically necessary and appropriate.