

<b>Case Number:</b>	CM14-0032921		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/27/2003
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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, has a subspecialty in Pain Management 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:

This is a female patient with the date of injury of October 27, 2003. A Primary Treating Physician's Report dated February 28, 2014 identifies Subjective Complaints of increasing pain in the right neck and shoulder. Objective Findings identify moderate trapezial and parascapular tenderness on the right. The impingement sign is positive at the right shoulder. Grip strength is diminished. Diagnoses identify right parascapular, paracervical and trapezial strain and bilateral shoulder impingement. Treatment Plan identifies she had a flare up of her right shoulder complaints. She would benefit from a course of PT twice weekly for the next 6 weeks to work on stretching, modalities, and rotator cuff strengthening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 physical therapy sessions for the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical Therapy.

**Decision rationale:** Regarding the request for 12 physical therapy sessions for the right shoulder, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG recommends a trial of 6 physical therapy sessions. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there patient is noted to have had a flare up of her right shoulder complaints. A short course of physical therapy may be appropriate for the patient; unfortunately, there is no provision to allow for modification of the request. As such, the current request for 12 physical therapy sessions for the right shoulder is not medically necessary.