

<b>Case Number:</b>	CM14-0040152		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	02/28/2013
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 & 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 47 years old female claimant sustained a cumulative work injury on 11-1-09 to 8-14-12 involving the right shoulder and left wrist. She was diagnosed with right rotator cuff syndrome, headaches and internal derangement. A progress note on 1/9/14 indicated the claimant had continued shoulder pain. She had trigger points in the shoulder and muscle spasms. She had undergone over 12 sessions of physical therapy in 2013 as well as acupuncture and shock wave therapy. A request was made for 12 additional physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy two (2) times a week times six (6) weeks to the cervical right shoulder:**  
Upheld

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

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

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their

associated recommendation for number of visits: Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks The claimant had received numerous physical therapy sessions. There is no indication why additional therapy cannot be performed in a home exercise plan. The request exceeds the amount recommended and the 12 sessions of physical therapy are not medically necessary.