

<b>Case Number:</b>	CM14-0066453		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	08/05/2008
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 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:

There were 61 pages provided for this review. The application for independent medical review was for physical therapy two times a week for four weeks to the right shoulder. There was a May 5, 2014 notification of modified denial. The requested service was the physical therapy three times a week for four weeks for the right shoulder, but it was approved for physical therapy two times a week for four weeks for the right shoulder for eight sessions. Four sessions out of the 12 were not approved. The claimant was injured August 5, 2008. As of April 24, 2014, the injured worker reported that the right shoulder remained the same with no functional improvement despite various interventions. Medicines help only shortly. The patient continued with independent exercises. There was tenderness of the right shoulder. Right shoulder range of motion showed flexion at 95, abduction at 90. There had reportedly been no physical therapy visits to date, however, this seems improbable to this review, given the injury was 6 years ago. The diagnosis was a tear of the supraspinatus tendon of the right shoulder and right shoulder impingement. The request was for 12 sessions of physical therapy. Medicines were Naproxen, topical cream and Tylenol number three. The surgical history is not stated. Diagnostic studies were not supplied. Other therapies were listed as home exercise. She is a 57-year-old female injured back in the year 2008. As of April 2014, six years later, she still had right shoulder pain remaining the same.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy (12-sessions, 3-times per week for 4-weeks, for the 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 Therapy Page(s): 98.

**Decision rationale:** The MTUS does permit physical therapy in chronic situations, noting that one should 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 conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite:1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general.2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. This request for physical therapy 3xwk x 4wks for the right shoulder is not medically necessary.