

<b>Case Number:</b>	CM14-0075493		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	10/15/2013
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 injured worker is a 49-year-old female who reported an injury on 10/15/2013. The injury reportedly occurred when she had an increase in her work load and she began to experience more frequent bilateral arm pain. Upon examination on 03/31/2014, the injured worker complained of left shoulder pain and discomfort. Upon exam of the shoulder, the range of motion was limited, she was positive for Hawkins impingement to the left. Her motor strength was normal 5/5 in bilateral upper limbs. The grip strength was right 40 pounds and left 20 pounds. The left shoulder exhibited decreased range of motion, tenderness, pain, spasm, and decreased strength. It also exhibited no bony tenderness, no swelling, no effusion, no crepitus, no deformity, and no laceration. Medications included ibuprofen 600 mg 1 tab every 8 hours with food as needed pain. The injured worker has a diagnosis of impingement syndrome shoulder. Prior treatments included medication and physical therapy of an unknown number with no improvement. The request is for physical therapy 2 times a week for 4 weeks. The request for authorization and rationale were not within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy two times a week for four weeks:** Upheld

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

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

**Decision rationale:** The request for physical therapy 2 times a week for 4 weeks is non-certified. The injured worker has a history of shoulder pain. The California Medical Treatment Utilization Schedule Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The injured worker has received an unknown number of physical therapy visits. There had been no improvement with therapy. The injured worker continued to have limited range of motion bilaterally in the upper extremities. The guidelines also stated to have a pain score and functional deficit improvements with documentation. There is a lack of documentation for any functional improvement or any pain scores. Also, there is no documentation of a home exercise program as recommended by the guidelines. There is no body part that is to receive physical therapy within the request. As such, the request for physical therapy 2 times a week for 4 weeks is non-certified.