

<b>Case Number:</b>	CM14-0076477		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/07/2013
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 a date of injury of November 7, 2013. Utilization review determination dated May 12, 2014 recommends non-certification of physical therapy two times per week for four weeks to the right shoulder. A progress note dated April 14, 2014 identifies subjective complaints of continued right shoulder aching discomfort and pain with reaching and grasping. The patient continues to take Voltaren and Robaxin which she finds helpful but not effective. Physical examination identifies decreased tone throughout the cervical paraspinal musculature, the right shoulder actively forward flexes to 150 abducts to 140 externally rotates to 50 with some mild compensatory posturing, and positive impingement signs still noted. Diagnoses include cervicalgia with evidence of degenerative cervical disc disease at C5 - 6, C6 - 7 with underlying severe bilateral neuroforaminal stenosis at C5 - 6 and moderate foraminal stenosis at C6 -7, Stage III impingement of the right shoulder with underlying bicipital tendinopathy, and history of right carpal tunnel release and trigger thumb release. The treatment plan recommends continuing home exercise program, requests for eight visits with physical therapists, and requests for an MRI of the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times per week for 4 weeks to the right shoulder:** Upheld

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

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

**Decision rationale:** 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 has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. 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 is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request is not medically necessary.