

<b>Case Number:</b>	CM14-0088243		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/26/2012
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 & Rehab, has a subspecialty in Interventional Spine 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 patient is a 47 year old male with an injury date of 10/26/12. Based on the 04/29/14 initial evaluation report by [REDACTED] the patient complains of pain in the lower back and right shoulder with radiation to the right arm. The pain in the shoulder is associated with numbness, tingling and weakness in the right arm. This report references an MRI from 1/30/13 read by [REDACTED]: distal subscapularis tendinopathy, incidental 3x1.6 cm. humeral shaft iterosseus lipoma. The patient's diagnosis includes: right shoulder pain, lumbago. [REDACTED] [REDACTED] is requesting physical therapy for the right shoulder 2 x weeks for 5 weeks for 10 total visits. The utilization review being challenged is dated 06/02/14. Treatment reports were provided from: 10/27/13 to 04/29/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x/Week X 5/Weeks (10 Visits Total) Right Shoulder: 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:** According to the 04/29/14 initial evaluation report, the patient complains of pain in the lower back and right shoulder with radiation to the right arm. The pain in the shoulder is associated with numbness, tingling and weakness in the right arm. The request is for physical therapy for the right shoulder is 2x week for 5 weeks for 10 total visits. There is no indication that the patient has received any physical therapy other than an estimated 14 chiropractic treatments. MTUS guidelines pages 98, 99 state that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis, 8-10 visits are recommended. In this case, the treater does not provide the patient's therapy treatment and how the patient responded to prior treatments. There is no discussion as to why physical therapy is being requested. There are no flare-up's, no new injury, or significant decline in the patient's function to warrant a course of therapy. MTUS guidelines page 8 require that the treater provide monitoring of the patient's progress and make appropriate recommendations. Therefore, the request is not medically necessary.