

<b>Case Number:</b>	CM14-0088326		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	11/13/2013
<b>Decision Date:</b>	08/27/2014	<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 and 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 47-year-old female who reported an injury on 11/13/2013. The mechanism of injury was not provided. Prior treatments included physical therapy and acupuncture as well as the medication Lodine. The diagnoses included shoulder strain and fibromyositis. The documentation indicated the injured worker had attended 14 physical therapy sessions. The documentation of 06/20/2014 revealed the injured worker had regained more movement and mobility in the right shoulder with treatment. The injured worker's last physical therapy session was to be that date. The injured worker had complaints of muscle weakness in the right arm and arthralgia's as well as joint pain in the right shoulder and right low back. The injured worker reported numbness in her right wrist and sleep disturbance, restless sleep, and anxiety. The physical examination revealed the injured worker had almost full range of motion at the right shoulder and the pain behavior was noted when the injured worker was raising her arm above 90 degrees. There were painful trigger points around the shoulder girdle. The treatment plan included an MRI. The documentation of 05/23/2014 revealed the injured worker was in a home exercise program, which she was performing. The injured worker was noted to have pain in the right shoulder, right upper extremity, and right side of the neck. There was no DWC form RFA or PR-2 submitted to request therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x week x 3 weeks, for the right shoulder: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The California MTUS Guidelines recommend Physical Medicine for a maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation indicated the injured worker had 14 sessions of physical therapy. There was a lack of documentation of objective functional improvement with the therapy. There was a lack of documentation indicating a DWC Form, RFA, or PR-2 for the requested 6 additional sessions of physical therapy. Given the above and the lack of documentation of objective functional deficits to support the necessity for ongoing therapy and the lack of documentation indicating the injured worker was making progress with therapy, the request for Physical Therapy 2 x week x 3 weeks, for the right shoulder is not medically necessary.