

<b>Case Number:</b>	CM14-0093283		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/17/2000
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 Family Practice 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:

66 year old female claimant sustained a work injury on 10/17/2000 involving the left shoulder. She was diagnosed with left shoulder rotator syndrome. A progress note on 5/20/14 indicated the claimant had continued shoulder pain (6/10) over 14 years. She had never done physical therapy. She was using topical analgesics and Ultram for pain. Exam findings were notable for reduced range of motion and impingement findings. The physician requested 6 sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 physical therapy sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Physical Therapy

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

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They 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 following diagnoses have their

associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeksNeuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeksReflex sympathetic dystrophy (CRPS) 24 visits over 16 weeksIn this case, the claimant had not completed prior therapy. She had symptoms of impingement and restricted range of motion which would be similar to a myositis. Based on the guidelines, 6 sessions of therapy is appropriate and medically necessary since the claimant has continued shoulder symptoms without having completed prior therapy.