

<b>Case Number:</b>	CM14-0209641		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	04/12/2002
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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, has a subspecialty in Pain Medicine 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 the date of injury of April 12, 2002. A Utilization Review dated December 2, 2014 recommended modification of physical therapy for right shoulder QTY: 6.00 to physical therapy for right shoulder QTY: 2.00. A Progress Report dated December 17, 2014 identifies Subjective Complaints of right shoulder pain. Physical therapy has provided improvement in range of motion. She is able to do her home exercises. The problem is with some of the stretching procedures, she is not able to do by herself and requires some assistance from the physical therapist. Objective Findings identify right shoulder abduction is difficult after 90 degrees, but she is able to get up to about 120 degrees of abduction. Flexion is easier. She is able to get up to about 160 degrees. She continues to have weakness with external rotation and has positive impingement signs. Diagnoses identify right upper extremity s/p biceps tendon repair on 7/3/12. Discussion/Plan identifies 6 sessions of physical therapy for 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 for the right shoulder #6:** Upheld

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

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

**Decision rationale:** Regarding the request for physical therapy for the right shoulder #6, 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. ODG recommends up to 10 visits. Within the documentation available for review, there is documentation of completion of prior PT sessions with functional improvement. However, the patient is noted to be able to do home exercises with the exception of some stretching exercises; however, there is no indication of remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the number of physical therapy sessions completed to date is unknown. In light of the above issues, the currently requested physical therapy for the right shoulder #6 is not medically necessary.