

<b>Case Number:</b>	CM15-0002723		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	09/13/2009
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 44-year-old male who reported an injury on 09/13/2009. The mechanism of injury was unspecified. His relevant diagnoses included right shoulder pain. His past treatments included physical therapy, surgery, and medications. His surgical history included an arthroscopic decompression and subacromial decompression with debridement on 08/08/2013. On 10/31/2014, the injured worker complained of shoulder pain rated 5/10. The physical examination of the right shoulder revealed moderate decrease in active range of motion; moderate pain upon palpation. The injured worker also had a right shoulder apprehension, Codman's, and supraspinatus test. His relevant medications were not provided for review. The treatment plan included 12 sessions of physical therapy to the left shoulder. A rationale was not provided. A Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of Physical Therapy to left shoulder:** Upheld

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

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

**Decision rationale:** The request for 12 sessions of physical therapy to the left shoulder is not medically necessary. According to the California MTUS Guidelines, patients with neuralgia, neuritis, and radiculitis may be allotted 8 to 10 physical therapy visits over 4 weeks. The injured worker was noted to have right shoulder pain with brachial neuritis. The documentation also indicated the injured worker was attending physical therapy at a wellness center. However, there was a lack of documentation submitted in regards to objective functional improvement from the previously completed sessions. Furthermore, there was lack of documentation indicating exceptional factors to warrant additional sessions. In addition, the request as submitted would exceed the number of sessions recommended by the guidelines. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.