

<b>Case Number:</b>	CM15-0003140		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	11/26/2012
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 sustained an industrial injury on 11/26/2012. The current diagnosis is impingement syndrome of the left shoulder. Currently, the injured worker complains of left shoulder pain. Treatment to date has included medications and physical therapy. The treating physician is requesting 4 additional physical therapy sessions to the left shoulder, which is now under review. On 12/23/2014, Utilization Review had non-certified a request for 4 additional physical therapy sessions to the left shoulder. The physical therapy was non-certified based on no documented functional improvement with the previous course of therapy. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional outpatient physical therapy two (2) times a week for two (2) weeks for the left shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation shoulder pain and physical therapy

**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 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ODG guidelines, therapy for shoulder impingement can be for up to 10 visits over 8 weeks. In this case, the amount of prior therapy sessions completed is unknown. There is no indication that the claimant cannot perform home exercises. There is no documentation on benefit derived from prior therapy. As a result, the request for additional therapy is not medically necessary.