

<b>Case Number:</b>	CM15-0009255		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	10/02/2009
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 60 year old female injured worker suffered and industrial injury on 10/2/2009. The diagnoses were right rotator cuff syndrome/impingement/bursitis. The diagnostics were magnetic resonance imaging 3/19/2014. The treatments were physical therapy, right rotator cuff repair 2010. The treating provider reported complaints of right shoulder pain with clicking and locking, headaches, numbness, and low back pain. The Utilization Review Determination on 1/16/2015 non-certified additional physical therapy for the right shoulder (54 to date), citing Official Disability Guidelines, rotator cuff syndrome/impingement syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy for the right shoulder (54 to date): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Rotator cuff syndrome/Impingement syndrome

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

**Decision rationale:** The patient presents with unrated right shoulder pain with intermittent clicking and locking of the joint. The patient's date of injury is 10/02/09. Patient has no documented surgical history directed at this complaint. The request is for ADDITIONAL PHYSICAL THERAPY FOR THE RIGHT SHOULDER -54 TO DATE-. The RFA for this request was not provided. Physical examination dated 12/09/14 revealed decreased range of motion to the right shoulder, especially on flexion and internal rotation. No other pertinent physical findings were included. The patient's current medication regimen was not provided. An MRI of the right shoulder was performed on 03/19/14, though no results nor discussion of the results were included. Patient is currently retired. Regarding physical therapy for chronic pain, MTUS guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In regards to the request for additional physical therapy of the right shoulder, the treater has not specified a number of sessions. In addition, the request indicates that this patient has already undergone 54 session of physical therapy to date, further sessions would exceed guidelines. The records provided do not provide any discussion of efficacy or functional improvements following the sessions already received, or dates of service. Were the records to indicate a significant time lapse between previous therapy, re-injuries, or discuss reasons this patient is unable to conduct self-directed physical therapy, additional sessions could possibly be warranted. Without such evidence, however, the medical necessity of further physical therapy is not substantiated. The request IS NOT medically necessary.