

<b>Case Number:</b>	CM15-0105539		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	02/26/2003
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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, Pain Management, Occupational Medicine

### 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 52-year-old female, who sustained an industrial injury on 2/26/2003. Diagnoses have included right shoulder impingement, adhesive capsulitis of shoulder and arthrofibrosis. Treatment to date has included acupuncture, chiropractic treatment and physical therapy. According to the progress report dated 4/14/2015, the injured worker complained of right shoulder pain. The injured worker had recently completed three physical therapy visits. She reported that physical therapy was helpful. Exam of the right shoulder revealed stiffness; the rotator cuff was weak. There was limited external rotation and limited forward flexion. The physical therapy note dated 3/1/2015 documented that the injured worker reported a decrease in pain level from 5/10 to 3/10. Cervical and thoracic muscle spasms had decreased. She was noted to be independent with her home exercise program. Authorization was requested for 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, right shoulder Qty: 8.00: Upheld**

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

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

**Decision rationale:** MTUS 2009 states up to 10 sessions of therapy are an option to treat myositis/myalgia. The patient has already exceeded MTUS 2009 recommendations with care for her injury. There is no description of her current home exercise program, strategies for independent management or any evidence of improvement with the previously approved therapy sessions. MTUS 2009 recommends against the sole use of passive modalities for treatment. There is no explanation provided for why 8 sessions are needed for the episodic symptoms. Based upon the lack of evidence that the prior 3 sessions of therapy were effective, this request for an additional 8 sessions is not medically necessary since the patient has already received PT exceeding MTUS 2009.