

<b>Case Number:</b>	CM15-0106118		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	10/01/2007
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: Emergency 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 58-year-old female, who sustained an industrial injury on 10/09/2007. She has reported subsequent back, right shoulder and right wrist/hand pain and was diagnosed with right shoulder and wrist/hand sprain/contusion and lumbar pain, radicular pain and sciatica. Treatment to date has included oral pain medication, acupuncture, physical therapy and surgery. In a progress note dated 04/28/2015, the injured worker complained of increased back pain radiating the shoulder and hands. Objective findings were notable for positive straight leg raise, tenderness of L5-S1 paraspinal muscles, and positive impingement of the right shoulder and tenderness of the subacromial bursa. A request for authorization of 18 sessions of physical therapy or chiropractic treatment of the right shoulder was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **18 PT or Chiropractic Sessions Right Shoulder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page 98-99.

**Decision rationale:** The requested 18 PT or Chiropractic Sessions Right Shoulder is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has back pain radiating the shoulder and hands. Objective findings were notable for positive straight leg raise, tenderness of L5-S1 paraspinal muscles, and positive impingement of the right shoulder and tenderness of the subacromial bursa. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, 18 PT or Chiropractic Sessions Right Shoulder is not