

<b>Case Number:</b>	CM15-0139070		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	01/07/2014
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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 32 year old male, who sustained an industrial injury on 01/07/2014. He has reported injury to the neck and right shoulder. The diagnoses have included right shoulder impingement syndrome; possible anterior instability right shoulder; lumbar strain; stenosis right A-1 pulley long finger, asymptomatic; cervical strain; and status post right shoulder arthroscopy with partial superior labrectomy, superior labrum anterior and posterior repair, subacromial decompression with resection of the coracoacromial ligament, and extensive debridement of the rotator cuff, on 01/28/2015. Treatment to date has included medications, diagnostics, injection, physical therapy, home exercise program, and surgical intervention. A progress note from the treating physician, dated 05/21/2015, documented an evaluation with the injured worker. The injured worker reported continued stiffness of the right shoulder; some pain with certain ranges of motion; only received 12 post-operative physical therapy sessions; and stiffness of the cervical spine and pain radiating to the right upper extremity. Objective findings included decreased ranges of motion of the right shoulder; tenderness to palpation of the glenohumeral joint line; no pain or tenderness to the biceps; and decreased range of motion to the cervical spine with tenderness to palpation. The treatment plan has included the request for 8 physical therapy visits for the cervical spine and right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 physical therapy visits for the cervical spine and right shoulder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, Physical Therapy Guidelines.

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

**Decision rationale:** The requested 8 physical therapy visits for the cervical spine and 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 continued stiffness of the right shoulder; some pain with certain ranges of motion; only received 12 post-operative physical therapy sessions; and stiffness of the cervical spine and pain radiating to the right upper extremity. Objective findings included decreased ranges of motion of the right shoulder; tenderness to palpation of the glenohumeral joint line; no pain or tenderness to the biceps; and decreased range of motion to the cervical spine with tenderness to palpation. The treating physician has not documented objective evidence of functional benefit from therapy for the cervical spine or shoulder, and the injured worker is past the post-op time period. The criteria noted above not having been met, 8 physical therapy visits for the cervical spine and right shoulder is not medically necessary.