

<b>Case Number:</b>	CM15-0160153		
<b>Date Assigned:</b>	08/26/2015	<b>Date of Injury:</b>	12/15/2014
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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 23 year old female who sustained an industrial injury on 12-15-14. In a progress report dated 7-27-15, the treating physician notes she continues to have pain at the right shoulder, described as an ache and rated as 4 out of 10 on the pain scale. Prolonged use of the arm makes it worse and it is relieved by hot towels, icyhot pads, and ibuprofen. The impression is strain of the right shoulder. Medication history notes Soma, Naproxen, and Ibuprofen. Tenderness is noted at the right shoulder. Range of motion is full with no crepitation. Work status is modified duty. An MRI of the right shoulder done 7-22-15 reveals an impression of supraspinatus tendinosis, no evidence of rotator cuff tear. A physical therapy re-evaluation and plan of care report dated 4-6-15, indicates she has been seen for 9 visits and has improved function with significant improvement regarding pain. Functional status is that she is limited to 10 percent for activities of reaching and 50 percent for lifting over 20 pounds. The recommendation is to continue the program since positive progress has been demonstrated and there is potential for more improvement. The requested treatment is physical therapy 3 times a weeks for 3 week, right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, 3 times weekly for 3 weeks, right shoulder QTY: 9.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 7, 98-99.

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

**Decision rationale:** The requested Physical therapy, 3 times weekly for 3 weeks, right shoulder QTY: 9.00, 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 continues to have pain at the right shoulder, described as an ache and rated as 4 out of 10 on the pain scale. Prolonged use of the arm makes it worse and it is relieved by hot towels, icyhot pads, and ibuprofen. The impression is strain of the right shoulder. Medication history notes Soma, Naproxen, and Ibuprofen. Tenderness is noted at the right shoulder. Range of motion is full with no crepitation. Work status is modified duty. An MRI of the right shoulder done 7-22-15 reveals an impression of supraspinatus tendinosis, no evidence of rotator cuff tear. A physical therapy re-evaluation and plan of care report dated 4-6-15, indicates she has been seen for 9 visits and has improved function with significant improvement regarding pain. Functional status is that she is limited to 10 percent for activities of reaching and 50 percent for lifting over 20 pounds. 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, Physical therapy, 3 times weekly for 3 weeks, right shoulder QTY: 9.00 is not medically necessary.