

<b>Case Number:</b>	CM15-0162894		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	02/12/2014
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 37 year old male, who sustained an industrial injury on 2-12-2014. Medical records indicate the worker is undergoing treatment for carpal tunnel syndrome and shoulder joint pain. A recent progress report dated 6-16-2015, reported the injured worker complained of pain in the left hand, right shoulder and mid thoracic spine, made worse with activity. Physical examination revealed antalgic gait. Treatment to date has included physical therapy, Capsaicin, Diclofenac sodium and Cyclobenzaprine. The physician is requesting Physical therapy 2x3 weeks for right shoulder. On 8-7-2015, the Utilization Review noncertified Physical therapy 2x3 weeks for right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x3 weeks for right shoulders: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder chapter. Physical therapy guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times three weeks to the right shoulder is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical committee therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are right shoulder pain; right acromioclavicular joint arthritis; right shoulder SLAP lesion; and right rotator cuff syndrome. Date of injury is February 12, 2014. Request for authorization is July 14, 2015. The medical record contains 64 pages. According to a July 6, 2015 progress note, subjective complaints include chronic right shoulder pain. The injured worker received a course of physical therapy, occupational medicine. MRI was performed in 2014. The MRI showed minimal supraspinatus tendon tendinosis and a small posterior labral tear. There are no progress notes in the medical record. There is no documentation demonstrating objective optional improvement. The total number of physical therapy sessions is not documented. There are no compelling clinical facts indicating additional physical therapy (over the recommended guidelines) is warranted. Based on clinical information about record, peer-reviewed evidence-based guidelines, no prior physical therapy progress notes, no documentation demonstrating objective functional improvement from PT, no documentation indicating the total number of physical therapy sessions to date and no compelling clinical documentation indicating additional physical therapy is warranted, physical therapy two times per week times three weeks to the right shoulder is not medically necessary.