

<b>Case Number:</b>	CM15-0164084		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	08/19/2014
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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 40 year old female, who sustained an industrial injury on 08-19-2014. On provider visit dated 03-24-2015 the injured worker has reported right upper extremity pain. On examination the cervical spine was noted to be restricted and paravertebral muscles tenderness was noted on the right side. Right shoulder was noted to have limited range of motion, a positive Hawkins test and shoulder crossover test, and tenderness on acromioclavicular joint. The diagnoses have included arthropathy not otherwise specified of shoulder, cervical disc degeneration, cervical disc displacement without myelopathy, sleep disturbance not otherwise specified and sprains and strain of the neck. Treatment to date has included medication. The provider requested physical therapy for right shoulder times 6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for right shoulder times 6:** Upheld

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

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

**Decision rationale:** MTUS 2009 states that up to 10 sessions of physical therapy are an option to treat myalgias. The patient has received 10 sessions of physical therapy and remains symptomatic. A referral has been made to consider surgery for this patient. There are no specific deficits and goals that are provided for PT to address. Therefore, this request for additional physical therapy is not medically necessary.