

<b>Case Number:</b>	CM15-0167203		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	06/01/2010
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, 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 55-year-old female, who sustained an industrial injury on 06-01-2010. On provider visit dated 07-10-2015 the injured worker has reported pain. On examination the right shoulder revealed tenderness to palpation, pain with range of motion and impingement sign was noted as minimal. The diagnoses have included right shoulder impingement. Treatment to date has included physical therapy, medication and surgical intervention. The provider requested physical therapy 8 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 8 visits QTY: 8.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The injured worker sustained a work related injury on 06-01-2010. The medical records provided indicate the diagnosis of right shoulder impingement. Treatments have

included physical therapy, medication and surgical intervention. The medical records provided for review do not indicate a medical necessity for Physical therapy 8 visits QTY: 8.00. The MTUS recommends a fading physical therapy treatment of 8-10 visits over 8 weeks followed by home exercise program. The medical records indicate she has had about 34 physical therapy visits, some of which are very recent.