

<b>Case Number:</b>	CM15-0190170		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	01/22/2015
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 58 year old female with an industrial injury dated 01-22-2015. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder Impingement syndrome, right wrist sprain and strain, right shoulder rotator cuff strain, and cervical sprain and strain and cervical spine myospasms. In a progress report dated 05-08-2015, the injured worker reported intermittent neck pain with radiation to the right shoulder, low back pain and right hand pain. Right shoulder exam (05-08-2015) revealed positive Neer and Hawkins- Kennedy tests, decrease manual muscle testing, and restricted range of motion due to pain. In a progress report dated 06-19-2015, the injured worker reported some pains in the right shoulder, right wrist and weakness. Objective findings (06-19-2015 to 08-14-2015) revealed tenderness to palpitation of the right shoulder, positive Hawkin's and positive Neer's sign. In initial physical therapy evaluation dated 06-30-2015, the treating physician reported that the injured worker demonstrated neck, right shoulder and right wrist pain, decreased range of motion, decreased strength, decreased activity tolerance, decreased balance and unsteady gait resulting in functional mobility deficits. Treatment has included cortisone injection, medication, physical therapy and periodic follow up visits. Medical records indicate that the injured worker has been treated with at least 10 physical therapy sessions without significant evidence of functional improvement or significant decrease in pain. Some documents within the submitted medical records are difficult to decipher. The treating physician prescribed services for additional physical therapy 3 times a week for 2 weeks for the right shoulder. The utilization

review dated 09-09-2015, non-certified the request for additional physical therapy 3 times a week for 2 weeks for the right shoulder.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Additional physical therapy 3 times a week for 2 weeks for the right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for additional physical therapy visits in this individual with chronic pain. The request is not medically necessary.