

<b>Case Number:</b>	CM15-0201132		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	05/01/2012
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 05-01-2012. The injured worker is currently permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for right shoulder chronic impingement syndrome with rotator cuff tendinopathy, status post bilateral carpal tunnel release, cervical pain with upper extremity symptoms, and tendinopathy to right shoulder. Treatment and diagnostics to date has included TENS (Transcutaneous Electrical Nerve Stimulation) Unit, psychiatric treatment, and medications. Recent medications have included Tramadol, Cyclobenzaprine, Naproxen, and Pantoprazole. Subjective data (09-02-2015) included "worsening" right shoulder pain rated 9 out of 10. Objective findings (09-02-2015) included tenderness to right shoulder and cervical spine and right shoulder impingement signs. The request for authorization dated 09-25-2015 requested physical therapy to the right shoulder 3x4 weeks, Hydrocodone, Naproxen, Pantoprazole, and Cyclobenzaprine. The Utilization Review with a decision date of 10-02-2015 non-certified the request for physical therapy 3x week x 4 weeks to the 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 a week for 4 weeks, right shoulder: Upheld**

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

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

**Decision rationale:** Physical therapy 3 times a week for 4 weeks, right shoulder is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had prior PT but it is unclear of how much therapy the patient has had and the outcome. There are no extenuating factors, which would necessitate 12 supervised therapy visits, which would exceed MTUS recommended number of visits for this condition. Therefore, this request is not medically necessary.