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| <b>Case Number:</b>   | CM15-0206103 |                              |            |
| <b>Date Assigned:</b> | 10/22/2015   | <b>Date of Injury:</b>       | 09/19/2013 |
| <b>Decision Date:</b> | 12/04/2015   | <b>UR Denial Date:</b>       | 10/06/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/20/2015 |

### 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: Emergency 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 46 -year-old female who sustained an industrial injury on 6-19-2013 and has been treated for right shoulder internal derangement with impingement syndrome, right elbow lateral epicondylitis, and cervical disc herniation with right upper extremity radiculopathy. Diagnostic MRI 6-17-2015 is stated as showing progression of multilevel disc disease, and an electro-diagnostic study of the upper extremities 9-17-2015 showed chronic C5 radiculopathy on the right. Her most recent MRI of the right shoulder dated 6-17-2015 revealed partial thickness tears of the infraspinatus and tendinosis of the supraspinatus. On 9-25-2015 the injured worker reported neck pain radiating to the right upper extremity, rated 9 out of 10. Right shoulder pain has been limiting her ability to increase activity and is aggravated with any type of movement. She stated she is limited in being able to perform activities of daily living including personal grooming and putting on clothes. She also reported right handed weakness. Documented treatment includes right shoulder corticosteroid injections on 2-12-2015 and 6-10-2015 with at least 50 percent benefit lasting for 3 weeks; an unspecified amount of physical therapy; and medication including NSAIDs, Ultracet, Gabapentin, Flexeril and Norco. The injured worker is noted as being referred to an orthopedic surgeon. The treating physician's plan of care includes a request for 12 physical therapy treatments for the right shoulder and right upper extremity which was denied on 10-6-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks for the right shoulder, right upper extremity:**  
Upheld

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

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

**Decision rationale:** The requested Physical therapy 2 time a week for 6 weeks for the right shoulder, right upper extremity, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 98 and 99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has neck pain radiating to the right upper extremity, rated 9 out of 10. Right shoulder pain has been limiting her ability to increase activity and is aggravated with any type of movement. She stated she is limited in being able to perform activities of daily living including personal grooming and putting on clothes. She also reported right handed weakness. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical therapy 2 time a week for 6 weeks for the right shoulder, right upper extremity is not medically necessary.