

<b>Case Number:</b>	CM15-0206422		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	11/11/2013
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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

### 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 11-11-2013. She has reported injury to the neck and right shoulder. The diagnoses have included neck sprain-strain; cervical degenerative disc disease; lateral epicondylitis of left elbow; rotator cuff tear; labral tear; and right shoulder adhesive capsulitis with impingement, currently affecting posterior capsule. Treatment to date has included medications, diagnostics, physical therapy, and home exercise program. A progress report from the treating provider, dated 08-10-2015, documented an evaluation with the injured worker. The injured worker reported severe neck pain and originally left shoulder pain, which improved with physical therapy; her pain and range of motion have both improved with recent physical therapy; she continues to describe significant discomfort that extends from her right shoulder to her neck; she is requesting additional physical therapy; and she is agreeable to returning to work in a light duty capacity. Objective findings included she is in no acute distress; tenderness to palpation over the bony prominences of the cervical spine; she has limited range of motion with pain at end range of motion; her strength is intact to her neck muscles; right shoulder range of motion is restricted with forward flexion, external rotation, and internal rotation; she is tender to palpation over the bony prominences; no glenohumeral or acromioclavicular joint instability is noted; her strength is somewhat diminished with restricted external rotation with 4+ out of 5 strength present; and she has positive impingement signs at end range of motion. The treatment plan has included the request for additional physical therapy for the right shoulder, 6 sessions as an outpatient. The original utilization review, dated 09-29-2015, non-certified the request for additional physical therapy for the right shoulder, 6 sessions as an outpatient.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy for the Right Shoulder, 6 sessions as an outpatient:**

Overtured

**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 patient presents on 09/28/15 with unrated right shoulder pain. The patient's date of injury is 11/11/13. Patient has no documented surgical history directed at this complaint. The request is for Additional Physical Therapy for the Right Shoulder, 6 sessions as an outpatient. The RFA was not provided. Physical examination dated 09/28/15 reveals restricted right shoulder range of motion with forward flexion only, decreased strength on external rotation, positive impingement sign, and tenderness to palpation over "the bony prominence." The patient is currently prescribed Ibuprofen. Patient is currently working. MTUS Guidelines, Physical Medicine Section, pages 98, 99 has the following: "recommended as indicated below. Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In regard to the 6 sessions of physical therapy sessions for this patient's ongoing shoulder pain, the request is appropriate. MTUS guidelines allow up to 10 sessions of physical therapy for complaints of this nature. Per the records provided, this patient has only completed two sessions of physical therapy to date, the last in June 2015. Given this patient's ongoing pain and weakness in the affected extremity, a course of six sessions (for a total of 8) falls within MTUS guideline recommendations and could produce functional benefits. Therefore, the request is medically necessary.