

<b>Case Number:</b>	CM15-0217661		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	04/21/2015
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is 59 year old female patient who sustained an industrial injury on 4-21-15. The diagnoses include cervical spine degenerative disc disease with intermittent radiculopathy and bilateral shoulder rotator cuff tendinopathy. Per a PR-2 dated 7-7-15, she had complaints of neck and shoulder pain, rated 7 out of 10 on the visual analog scale associated with severe headaches. She had begun to experience intermittent ting in bilateral upper extremities. She was working out of her home instead of regular duty. Physical exam revealed cervical spine with tenderness to palpation to the paraspinal musculature and range of motion: flexion 40 degrees, extension 40 degrees, rotation 50 degrees and lateral tilt 30 degrees, bilateral shoulders with lateral tenderness to palpation, positive Neer's and Hawkin's tests and 3 out of 5 strength and intact neurovascular exam. Per a PR-2 dated 9-29-15, she had complaints of ongoing bilateral and neck pain at 6/10; hip and right leg pain due to a fall. She was working regular duty. Physical exam revealed no tenderness; normal sensation, 5 out of 5 motor strength, intact neurovascular status and slightly decreased range of motion. The medications list includes ibuprofen. Her surgical history includes hysterectomy, left breast tumor removal and right shoulder rotator cuff repair. She had a magnetic resonance imaging cervical spine dated 9-8-15 which showed mild degenerative changes from C3-4 to C5-6 with disc protrusion at C4-5. Previous treatment included 12 physical therapy visits, injection and medications. The physician stated that she had made "significant" progress with physical therapy but still had functional deficit and would likely

improve from additional physical therapy. The treatment plan included physical therapy three times a week for four weeks for the right shoulder. On 10-8-15, Utilization Review non-certified a request for physical therapy three times a week for four 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:

**Physical therapy 3 times a week for 4 weeks for the 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 for the right shoulder. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided the patient had received 12 physical therapy visits for this injury. The requested additional visits in addition to the previously rendered physical therapy sessions are more than recommended by the cited criteria. There is no evidence of significant progressive objective functional improvement from the previous physical therapy visits that is documented in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical therapy 3 times a week for 4 weeks for the right shoulder is not established for this patient at this time.