

<b>Case Number:</b>	CM15-0035160		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	02/16/2013
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 26-year-old female who sustained a work related injury on February 16, 2013. There was no mechanism of injury documented. The injured worker was diagnosed with rotator cuff tear. There was no documentation of surgical repair. According to the primary treating physician's progress, report on January 22, 2015 the patient has no changes and continues to experience cervical and right shoulder pain radiating into the right wrist with tingling and affecting the fingers. X Rays of the right shoulder and right humerus show no increase in osteoarthritis and cervical spine films showed loss of cervical lordosis. Current medications are not listed. Treatment modalities consist of 24 authorized sessions of physical therapy. Home exercise program is not discussed. The treating physician requested authorization for Physical Therapy for the right shoulder 12 visits. On February 9, 2015, the Utilization Review denied certification for Physical Therapy for the right shoulder 12 visits. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the Right shoulder 12 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196-219, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. The patient was certified for 24 physical therapy sessions, which is in excess of the MTUS and ODG guidelines for initial "trial" of treatment. Additionally sessions may be warranted based on the progress during the initial treatment sessions. ODG would recommend up to 14 visits over 6 weeks for brachial plexus syndrome, which was suggest as the correct diagnosis by one treating physician. No medical documentation was provided, however, to support this diagnosis. Progress notes made no mention as to after 24 sessions of physical therapy, why there is no reason that a home exercise program could not be utilized. As such, the request for Physical Therapy for the Right Shoulder 12 visits is not medically necessary.