

<b>Case Number:</b>	CM15-0036373		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	09/22/2014
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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: Pennsylvania, Ohio, 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 (IW) is a 45 year old female who sustained an industrial injury on 09/22/2014. She has reported right shoulder pain. Diagnoses include right shoulder impingement, right shoulder adhesive capsulitis clinically, and right shoulder acromioclavicular arthritis. Treatments to date include activity restrictions, cortisone injection, home exercise program and ice. The IW has had approximately 18 physical therapy treatments. A progress note from the treating provider dated 12/16/2014 indicates there is a decreased range of motion and that there was no significant improvement. A MRI of the right shoulder done on 12/15/2014 showed moderate tendinopathy of the supraspinatus tendon with calcific tendinosis and a minimal rim rent tear at its enthesis. The right elbow showed no acute findings; treatment plan is for medications and an additional 2x3 weeks physical therapy for the right shoulder. On 02/06/2015 Utilization Review non-certified a request for Physical therapy 2x3 weeks for the right shoulder. The MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x3 weeks for the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.