

<b>Case Number:</b>	CM15-0045064		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	08/29/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 53-year-old female, with a reported date of injury of 08/29/2012. The diagnoses include right shoulder pain and right shoulder impingement syndrome. Treatments to date included physical therapy, an MRI of the right shoulder, home exercise program, and oral medications. The progress report dated 01/30/2015 indicates that the injured worker complained of right shoulder pain. The objective findings include decreased range of motion of the right shoulder, positive right shoulder impingement sign, and weakness of the right shoulder abduction and external rotation. The treating physician requested physical therapy for the right shoulder for symptom exacerbation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x 6, Right Shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical Therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times six weeks to the right shoulder is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post left shoulder arthroscopy; right shoulder impingement syndrome; right elbow lateral epicondylitis; fibromyalgia; and right wrist volar ganglion cyst. The documentation indicates the treating provider is seeking authorization for surgery for the right shoulder. There have been multiple denials pursuant to multiple requests for surgical intervention. An agreed-upon medical examination (AME) was performed November 21, 2014. The AME physician addressed only the left shoulder. There was no discussion of the right shoulder. The treating physician is seeking a reevaluation with the AME physician to address the right shoulder. The treating provider states the injured worker would benefit from a course of physical therapy two times per week for six weeks. Subjectively, pursuant to a January 30, 2015 progress note, the injured worker has right shoulder pain, left shoulder pain, right elbow pain and bilateral hand pain. Objectively, the treating provider documents "decreased range of motion right shoulder with positive impingement sign. There is weakness to the right shoulder abduction and external rotation. There are no specific objective findings with respect to range of motion documented. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction prior to continuing with physical therapy. The treating provider requested two sessions per week from six weeks (12 sessions) in excess of the recommended guidelines for six visits. Consequently, absent compelling clinical documentation to support physical therapy (12 sessions) in excess of the recommended guidelines for an initial trial of six visits, physical therapy two times per week times six weeks to the right shoulder is not medically necessary.