

<b>Case Number:</b>	CM15-0062607		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	11/07/2013
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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 54 year old female who sustained an industrial injury on 11/7/13 when she gradually began to experience discomfort in the base of both thumbs more marked on the right side. She fell at work and experienced right shoulder discomfort. She saw an orthopedic surgeon for her right shoulder and was treated with non-steroidal anti-inflammatory medication, muscle relaxant and physical therapy. She had an MRI of her cervical spine. She had cervical spine surgery with improvement in right shoulder pain. She currently complains of achy pain with reaching, grasping and performing light day-to day activities with her right shoulder. Medications are Voltaren, Neurontin, Protonix, Maxalt, Norco, Robaxin, Voltaren gel, Ativan. Diagnoses include cumulative trauma disorder bilateral upper extremities; arthritis; stenosing tenosynovitis right thumb; right shoulder impingement; carpal tunnel syndrome; bilateral cervical radiculopathy; right carpal tunnel release-trigger thumb release with underlying basal arthrosis with persistent symptomatology of the right hand. Treatments to date include cortisone injection right shoulder with benefit for one month, medications, physical therapy. Diagnostics include right shoulder x-ray (11/12/14) normal; cervical spine series (11/12/14) abnormal; MRI of the cervical spine (1/16/14) abnormal; electromyography/ nerve conduction study (1/31/14) normal nerve conduction abnormal electromyography. In the progress note dated 2/25/15 the treating provider's plan of care requests eight additional sessions of physical therapy for the right shoulder twice per week for four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 4 weeks for the right shoulder:** Upheld

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

**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 2 times per week for 4 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 cervical; stage III impingement, right shoulder with underlying bicipital tendinopathy without evidence of gross rotator cuff tear, however some questionable labral attrition is noted on MRI gradually improving; history right carpal tunnel release. Subjectively, according to a February 25, 2015 progress note, the injured worker complains of aching discomfort. Her right shoulder was otherwise doing quite well after the cervical spine surgery. Her symptoms in the neck or otherwise improved, however she continues to have aching pain with reaching, grasping and performing light day-to-day activities. Objectively, the right shoulder did not show any clinical findings of atrophy or asymmetry. Forward flexion is 160 and abduction is 150 and external rotation is 60 with some compensatory posturing and positive impingement. The documentation (pursuant to the utilization review) shows the injured worker received 36 physical therapy sessions ranging from July 25, 2014 through January 27, 2015 to the neck and shoulder. The injured worker receives an additional 9 sessions of physical therapy to the shoulder during the inclusive dates July 17, 2014 through November 4, 2014. There are no physical therapy notes in the documentation. There is no documentation evidencing objective functional improvement with ongoing physical therapy. The injured worker received 45 sessions of physical therapy (in total) to the shoulder. The injured worker should be well-versed in the exercises performed during physical therapy to engage in these home exercises in a home exercise program. The treating provider does not enumerate a clinical indication or rationale for continued physical therapy (over and above the 45 sessions already rendered). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record to warrant additional physical therapy. Consequently, absent compelling clinical documentation with objective functional improvement with compelling clinical facts to support ongoing physical therapy, physical therapy two times per week times four weeks to the right shoulder is not medically necessary.