

<b>Case Number:</b>	CM15-0087960		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	12/08/2014
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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 44 year old female, who sustained an industrial injury on December 8, 2014, incurring injuries to the neck, back and shoulder. She was diagnosed with lumbar sprain, cervical sprain, cervical radiculopathy and right shoulder impingement syndrome. Treatment included physical therapy, home exercise program, and pain management. Currently, the injured worker complained of neck, low back and shoulder pain with limited range of motion. She complained of constant 6/10 achy, sharp right shoulder pain, heaviness, numbness weakness and cramping aggravated by sudden movement, reaching and overhead reaching. The treatment plan that was requested for authorization included eight physical therapy treatments for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

**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, 8 sessions physical therapy two times per week times four 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 myospasm; cervical radiculopathy; cervical sprain/strain; lumbar myospasm; lumbar sprain/strain; rule out lumbar disc protrusion; right shoulder impingement syndrome; right shoulder pain; and right shoulder sprain/strain. Documentation for me March 5, 2015 progress note indicates the treatment provider wants to start physical therapy. The documentation does not state the anatomical region, the total number of physical therapy sessions and the frequency per week. There were no physical therapy progress notes in the medical record. In the subsequent progress note dated April 2015, the treatment request states additional therapy modality is part of a multidisciplinary effort. The treating provider requested TENS unit for home use. The treating provider also ordered physical therapy two times per week times four weeks to increase range of motion, increase activities have been living and decreased pain. There is no documentation in the medical record of prior physical therapy (according to the March 5, 2015 progress note). The medical record states the injured worker is complaining of pain with objective findings referable to the neck, low back and right shoulder. There are no compelling clinical facts documented in the medical record indicating additional physical therapy is warranted. Consequently, absent clinical documentation with objective functional improvement to support additional physical therapy, physical therapy progress notes and compelling clinical facts indicating additional physical therapy is not clinically indicated, 8 sessions physical therapy two times per week times four weeks to the right shoulder is not medically necessary.