

<b>Case Number:</b>	CM14-0125861		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/07/2003
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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. The expert reviewer is Board Certified in Neurology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 56 year old male with a reported date of injury of 04/07/2003. The mechanism of injury is reported to be from a fall from a beam. This information was obtained from a prior utilization review. The IW reports pain in the right shoulder and cervical spine. A physical exam note dated 07/11/2014 is notable for a positive Yergason's test and tenderness of the biceps tendon upon palpation. The IW has previously completed sixteen physical therapy sessions for his right shoulder and was reported to be participating in the home exercise program (HEP) taught by the therapist. His primary treating physician (PTP) reports he has improved with the previous physical therapy for his shoulder, however, would benefit from physical therapy for treatment of his right bicep tendonitis. The PTP states the request will be made for additional therapy for the right shoulder and neck pain. A previous request for physical therapy of the right upper extremity has been denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Right Upper Extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the guidelines for the number of visits of physical therapy, the IW has already exceeded the number of visits. The IW has received sixteen visits for physical therapy for his right shoulder. The underlying mechanism of pain for the shoulder was not described in the documentation as being secondary to a myalgia, specific radiculopathy, or neuralgia. In either case, the recommend number of visits does not exceed ten. Based on the clinical notes, the reported pain is coming from the biceps tendon (tendonitis). This treatment should have been addressed in the previous physical therapy sessions for the right shoulder as it is part of complete shoulder assessment. There is no medical necessity to do additional physical therapy sessions for the right upper extremity considering the IW has already received more sessions than is recommended therefore the request is not considered medically necessary.