

<b>Case Number:</b>	CM14-0136808		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	10/19/2012
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Occupational Medicine and is licensed to practice in Illinois. 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 28-year-old woman with a date of injury of Oct 19, 2012. She has stiffness and neck pain radiating to the right scapular/shoulder area. There was increased tone and tenderness in the right scapular area and right anterior shoulder joint with guarding. Magnetic resonance arthrogram showed a partial thickness articular surface rotator cuff tear. She has had 28 visits of physical therapy to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, twice a week for six weeks for the 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 rationale:** The Official Disability Guidelines recommend fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy. They recommend 9 visits over 8 weeks for cervicalgia (neck pain), 10 visits over 8 weeks for sprains and strains of neck (ICD9 847.0): 10 visits over 8 weeks, and 12 visits over 10 weeks for brachia neuritis or radiculitis NOS (ICD9 723.4). This injured worker has had 28 visits

of physical therapy which exceed the guideline-supported recommendations. Without documentation of physical improvement, such as increased functionality, decreased use of medications, return to progressively increased workload, or better management of activities of daily living, additional sessions in excess of peer-reviewed and evidence-based guidelines cannot be authorized. The request for Physical Therapy are not medically necessary.