

<b>Case Number:</b>	CM14-0162377		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Physical Medicine and Rehabilitation 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:

This 38 year-old patient sustained an injury on 2/21/13 while employed by. Request under consideration includes Physical therapy 2x/week x 6 weeks right shoulder. Diagnoses include right shoulder impingement syndrome and palmar fascia contracture; s/p right CTR ad right cubital tunnel release (undated). Conservative care has included medications, therapy, and modified activities/rest. Report of 9/2/14 from the provider noted the patient with ongoing chronic neck and shoulder pain. Exam showed neck, shoulder and right upper extremity with Lidoderm patches; exam of the neck showed negative Spurling's and foraminal compression testing; right shoulder showed full active range of motion with positive Neer's test; diminished sensation in small and ring finger with thenar and intrinsic muscle weakness. The request(s) for Physical therapy 2x/week x 6 weeks right shoulder was modified for 6 sessions on 9/10/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) Physical therapy visits for right shoulder:** Upheld

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

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

**Decision rationale:** According to medical records, MRI of right shoulder dated 1/9/14 showed trace bursitis; otherwise negative and without evidence of rotator cuff tear or retraction. Physiotherapy with 12 sessions per report of 4/22/14 was requested at that time. There is current request for additional therapy treatment with 6 recently authorized. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of deficits to support for further PT treatment beyond sessions already rendered. Clinical reports submitted had no focal neurological deficits or ADL limitation to support for further PT treatment. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received at least 6 recent therapy sessions without demonstrated evidence to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy. Therefore, the twelve (12) Physical therapy visits for right shoulder are not medically necessary and appropriate.