

<b>Case Number:</b>	CM14-0182528		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	02/01/2010
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Family Practice 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 is a 49-year-old female claimant who sustained a work injury on February 1, 2010 involving the right shoulder, neck and wrists. She was diagnosed with cervical degenerative disc disease, carpal tunnel syndrome, chronic shoulder pain and brachial neuritis. A progress notes on October 28, 2014 indicated the claimant had continued shoulder pain. Objective findings were notable for right shoulder pain but normal range of motion and right hand tenderness. Previously she had impingement findings in her right shoulder with acromioclavicular compression. Nine visits of physical therapy were requested. She had undergone numerous previous occupational and physical therapy visits since her injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times 3 to the right shoulder:** Upheld

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

**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 Pain

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. The ODG guidelines recommend up to 10 visits of physical therapy as well. In this case the amount of physical therapy previously completed is unknown; however, the total amount of physical therapy including the 9 requested above exceeds the amount allowed by the guidelines above. Therefore, the request for nine visits of physical therapy above is not medically necessary.