

<b>Case Number:</b>	CM14-0215110		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	03/17/2011
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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 (IW) is a 56-year-old woman with a date of injury of March 17, 2011. The mechanism of injury was documented as a trip and fall. The injured worker's working diagnoses are chronic myofascial pain; and instability of shoulder joint, right. Pursuant to a progress note dated July 18, 2014, physical therapy 2 times a week for 6 weeks to the right shoulder was recommended and prescribed. There are no subsequent progress notes following the initial request. There are no physical therapy (PT) notes in the medical record. There is no evidence of objective functional improvement associated with prior PT. Pursuant to the most recent progress note in the medical record dated December 19, 2014, the IW complains of pain in the right shoulder when lifting objects away from the body. The pain radiates to the back and shoulders. According to the IW, the shoulder is dislocating a lot. She would like to discuss PT. Examination of the right shoulder reveals full range of motion. There is pain upon palpation. Upper extremity strength is normal bilaterally. Shoulder strength was normal on the left side. Shoulder flexion, abduction, and lateral rotation were 4/5 on the right side. The IW is taking Norco 10/325mg for pain. The current request is for physical therapy evaluation and treatment for the right shoulder, 2 to 3 times a week for a total of 12 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Evaluation and Treatment for the right shoulder, 2-3 times per week for a total of 12 visits:** 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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Shoulder Section, Physical Therapy

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy evaluation and treatment right shoulder two to three times times per week for 12 visits 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 chronic myofascial pain; and instability of shoulder joint, right. The documentation medical record indicates the injured worker received 12 sessions of physical therapy (two times a week for six weeks to the right shoulder. There were no physical therapy progress notes the medical record. There is no evidence of objective functional improvement in the medical record. The injured worker in a progress note dated December 19, 2014 as in complaining of right shoulder pain with lifting objects. Absent compelling clinical facts to warrant additional Physical Therapy in addition to objective functional improvement associated with prior Physical Therapy, the requested Physical Therapy Evaluation and Treatment for Right Shoulder is not medically necessary.