

<b>Case Number:</b>	CM14-0065017		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/17/2013
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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  
 Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 patient is a 45-year-old male with date of injury of 09/17/2013. The listed diagnosis from 03/06/2014 is sprain/strain of the shoulder. According to this report, the patient complains of right shoulder pain that has not gotten any better. The patient has finished therapy and states, "It did not make him feel better." He is currently taking Voltaren and Norco. Examination shows active range of motion of the left shoulder is the same and not improved. Positive impingement sign. The treater references an MRI of the upper extremity joint from 10/18/2013 that showed:  
 1. Degenerative arthritis right acromioclavicular joint and lateral downsloping of the acromion. These may predispose to impingement syndrome, and clinical correlation is suggested. 2. Mild subacromial-subdeltoid bursitis. 3. No evidence of rotator cuff tear. The treater also notes that the patient has received 6 sessions of therapy thus far. A request for more therapy was made to increase range of motion and strength in the right arm. Treatment reports from 10/04/2013 to 03/06/2014 were provided for review. The utilization review denied the request on 03/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**In House Physical Therapy 2x3 for the right shoulder: Upheld**

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

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

**Decision rationale:** The 02/07/2014 physical therapy report notes that the patient has increased pain to the lateral deltoids during exercise after Swiss ball. The 02/18/2014 physical therapy report notes that the patient is a little better post-treatment. Possible remaining pain as a result of upper extremity nerve tension due to scalene spasms. The 02/25/2014 physical therapy report notes extension test is 50% better since starting physical therapy, but no improvement in the last 6 visits. In this case, the patient has received 6 physical therapy visits recently, and the requested 6 sessions would exceed MTUS Guidelines. Furthermore, the patient states, "It did not make him feel better." MTUS page 8 on chronic pain require satisfactory response to treatment including increased levels of function, decreased pain, or improved quality of life. The request is not medically necessary.