

<b>Case Number:</b>	CM15-0005197		
<b>Date Assigned:</b>	01/20/2015	<b>Date of Injury:</b>	10/26/1996
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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 & Rehabilitation

### 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 57-year-old female who reported an injury on 10/26/1998 due to an unspecified mechanism of injury. On 12/08/2014, she presented for a followup evaluation. She reported "CT spine symptoms," left greater than the right. She stated that the pain radiated inferiorly to the intrascapular area and laterally to the trapezius, as well as superiorly to the occiput. She rated this pain at a 3/10 at its least and a 6/10 at its worst. She also reported associated headaches and numbness into both hands. Her medications included Effexor, Norco, simvastatin, Soma, trazodone, Ambien, and Adderall. A physical examination of the CT spine showed slight concavity to the left with left shoulder elevated as compared to the right. Tightness in the CT junction was noted bilaterally. There was tenderness to palpation in the CT junction bilaterally with moderate on the left and mild on the right. Range of motion was documented as forward flexion of 40, extension of 30, rotation to 60/60 and lateral bending to 35/20. Extension and rotation on either side caused isolateral junctional discomfort. There was moderate tenderness in the shoulders over the anterior acromion extending into the bicipital groove and to the lateral supraspinatus fossa bilaterally. Range of motion was documented as abduction to 120/120, anterior flexion to 130/130, extension to 50/50, ER to 60/60, adduction to 30/30, and external rotation to 90/80 on the right and 90/90 on the left. She reported a 25% improvement in her symptoms with her physical therapy regimen, and it was noted that given the benefit of physical therapy in alleviating her symptoms, they were recommending additional therapy. The treatment plan was for physical therapy twice a week for 4 weeks for the right shoulder. The rationale for treatment was to address the injured worker's remaining deficits.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x4 for the Right Shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS Guidelines have a set number of sessions allowed depending on the injured worker's diagnosis. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the bilateral shoulders; however, there is a lack of documentation regarding how many sessions of physical therapy she had completed prior to the request for additional therapy. Also, documentation regarding her response to therapy in terms of pain relief and an objective improvement in function was not documented. Without this information, additional physical therapy sessions would not be supported. As such, the request is not medically necessary.