

<b>Case Number:</b>	CM15-0013193		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	02/29/2012
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: Emergency 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 42 year old female, who sustained an industrial injury on February 29, 2012. She has reported right shoulder pain and headaches in the back of the head and was diagnosed with pain in the shoulder joint. Treatment to date has included radiographic imaging, diagnostic studies, acupuncture, physical therapy, pain medications and treatment modalities. Currently, the IW complains of continued right shoulder pain and headaches. The injured worker reported an industrial injury in 2012, resulting in chronic right shoulder pain and headaches. She has tried several conservative treatment options and reported subjective improvement with acupuncture and physical therapy. Radiographic imaging revealed a partial rotator cuff tear. On January 21, 2015, it was noted there was a decrease in pain and an increase in range of motion. On January 29, 2015, a request for bone anchors was made. On January 19, 2015, Utilization Review non-certified requests for 6 physical therapy sessions for the right shoulder and neck, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 22, 2015, the injured worker submitted an application for IMR for review of for 6 physical therapy sessions for the right shoulder and neck.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the right shoulder and neck, quantity: 6 sessions: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Page 122. Decision based on Non-MTUS Citation Shoulder, Physical therapy, Sprained Shoulder; rotator cuff

**Decision rationale:** The requested Physical therapy for the right shoulder and neck, quantity: 6 sessions, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Shoulder Complaints, Summary of Recommendations and Evidence, page 212; and Official Disability Guidelines (ODG), Shoulder, Physical therapy, Sprained Shoulder; rotator cuff; recommend up to 10 physical therapy sessions for this condition and continued therapy with documented objective evidence of derived functional improvement. The injured worker has right shoulder pain. The treating physician has documented and decrease in pain and an increase in range of motion. The treating physician did not document objective evidence of derived functional improvement from completed physical therapy sessions. Finally, the completed therapy sessions should have afforded sufficient time for instruction and supervision of a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical therapy for the right shoulder and neck, quantity: 6 sessions is not medically necessary.