

<b>Case Number:</b>	CM15-0114417		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	10/23/2009
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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, 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 is a 59 year old female, who sustained an industrial injury on 10/23/09. The injured worker has complaints of neck pain. The documentation noted that range of motion is restricted with flexion, extensions, lateral rotation to the right and lateral rotation to the left. The paravertebral muscles have tenderness on the right side and tenderness noted on the left side. The diagnoses have included arthropathy not otherwise specified of upper arm. Treatment to date has included ibuprofen; omeprazole; tylenol extra strength; acupuncture; transcutaneous electrical nerve stimulation unit; magnetic resonance imaging (MRI) of the left shoulder on 6/2/15; ice; heat and exercise. The request was for 8 physical therapy sessions for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 physical therapy sessions for 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 section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 8 physical therapy sessions to the right shoulder are 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 diagnosis is arthropathy not otherwise specified of the arm. The date of injury is October 23, 2009. The injured worker underwent a right shoulder arthroscopy for rotator cuff repair. According to a progress note dated February 16, 2015, the injured worker received 19 sessions of physical therapy. According to a progress note dated May 7, 2015, the injured worker has ongoing neck pain 8/10 and ongoing shoulder pain with restricted range of motion. The treating provider is requesting an additional eight sessions of physical therapy to increase functional ability and decrease pain. The injured worker should be well-versed in exercises performed during physical therapy to engage in a home exercise program. There are no compelling clinical facts in medical record to warrant additional physical therapy over the recommended guidelines. Consequently, absent clinical documentation with objective functional improvement and compelling clinical facts indicating additional physical therapy over and above the recommended guidelines is clinically indicated, 8 physical therapy sessions to the right shoulder are not medically necessary.