

<b>Case Number:</b>	CM15-0116480		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	01/14/2002
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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, Pain Management

### 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 40 year old female who sustained an industrial injury on 1/14/02. Treatments include medication, physical therapy, arthroscopy and epidural injections. Follow up orthopedic progress report dated 5/27/15 reports the following assessment: secondary impingement, right shoulder with evidence of chronic rotator cuff tendinopathy - supraspinatus and infraspinatus per MRI obtained on 7/11/11, rule out thoracic outlet syndrome right upper extremity with negative Doppler plethysmography by report, history of lumbar degenerative disk disease with some impingement, and coxarthralgia, right hip status post arthroscopic decompression/synovectomy - debridement. Work status will continue light duty restrictions as done since 4/7/14. Plan of care includes: follow up with specialist for hip and low back, continue with physical therapy, prescription of Mobic to help with mild recurrent tendinopathy of right shoulder, work on exercise program over the next few weeks, request for authorization for 8 additional physical therapy sessions for right shoulder twice per week for 4 weeks, Mobic 15 mg #30 and follow up in 4-6 weeks.

### 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99 of 127. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, Physical Medicine.

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested physical therapy is not medically necessary.