

<b>Case Number:</b>	CM15-0117093		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	09/23/2013
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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, Hawaii  
 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 (n) 48-year-old female, who sustained an industrial injury on 9/23/13. She reported pain in her right shoulder. The injured worker was diagnosed as having right shoulder supraspinatus tendinosis, right shoulder pain and right shoulder biceps tendinopathy. Treatment to date has included physical therapy x 18 sessions, an H-wave unit, a right shoulder arthrogram on 11/18/14, an EMG/NCV study on 2/20/15 with normal results and Ibuprofen and Hydrocodone. On 12/19/14, the treating physician noted right shoulder flexion is 150 degrees, abduction is 130 degrees, external rotation is 75 degrees and internal rotation is 50 degrees. The injured worker is reporting increased pain in right shoulder. As of the PR2 dated 5/7/15, the injured worker reports ongoing right shoulder pain. She noted some relief with physical therapy and the H-wave unit. Objective findings include a positive Hawkin's test, flexion is 150 degrees, abduction is 130 degrees, external rotation is 75 degrees and internal rotation is 50 degrees. The treating physician requested physical therapy 3 x weekly for 4 weeks for the right shoulder.

### 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 3x4:** Upheld

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

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

**Decision rationale:** The patient presents with ongoing right shoulder pain. The current request is for Physical Therapy for the right shoulder 3x4. The treating physician states, in a report dated 05/07/15, "Physical therapy of her right shoulder has been approved. She will start after the PRP injection has been administered." (36B) The MTUS guidelines support physical therapy 8-10 sessions for myalgia and neuritis type pain. In this case, the treating physician states, "She has attended about 18 sessions of physical therapy. This has given her some relief with the therapy and the H-wave unit but the therapy has been incomplete." She has not undergone shoulder surgery at this time although, per the treating physician, she is a surgical candidate. The physician's treatment request has failed to document why this patient's condition requires physical therapy beyond the MTUS guidelines. It is unlikely that further physical therapy will improve this patient's overall function, as she appears to be heading towards surgery. The current request is not medically necessary.