

<b>Case Number:</b>	CM15-0122209		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	11/19/2012
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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 54 year old female, who sustained an industrial injury on November 19, 2012. Treatment to date has included arthroscopic surgery to the right shoulder on December 5, 2014, physical therapy, diagnostic imaging and medications. An evaluation on April 20, 2015 reveals the injured worker reports pain in her neck, mid back, shoulders, elbows, left wrist, bilateral knees and low back. She reports that her right shoulder has improved a little since her right shoulder surgery yet she continues to have burning achy pain in the right shoulder. She reports that her shoulder pain becomes aggravated when reaching overhead, with continuous movement of the arms, with any lifting, carrying, pushing and pulling activities. There is popping and cracking of the shoulders with repetitive movement of the arms and constant pain radiating up onto her neck and down her bilateral upper extremities. She reports that activities of daily living such as curling her hair and is able to perform personal hygiene and dress but has increased pain in her shoulders. On physical examination the injured worker has a reduced range of motion in the bilateral shoulders. She has positive impingement test bilaterally. The diagnoses associated with the request include other affections of the shoulder. A request was received for physical therapy to 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 3 times a week for 4 weeks for the right shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**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, physical therapy three times per week times four weeks to the right shoulder is 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are adhesive capsulitis shoulder; shoulder impingement; internal derangement knee NOS; and cervical radiculopathy. The date of injury is November 19, 2012. The injured worker underwent a right shoulder arthroscopy of December 2014. Request for authorization is dated June 10, 2015. According to a progress note dated June 1, 2015, the injured worker has ongoing right shoulder pain. The injured worker received 18 sessions of postoperative physical therapy to the right shoulder. Objectively, there is no physical examination for the progress note dated June 1, 2015. There are no compelling clinical facts indicating additional physical therapy is clinically indicated. There is no documentation demonstrating objective functional improvement. The injured worker received 18 sessions of physical therapy and should be well-versed with exercises performed during physical therapy to engage in a home exercise program. Consequently, absent clinical documentation with objective findings of the right shoulder (physical examination), evidence of objective functional improvement and compelling clinical facts indicating additional physical therapies warranted, physical therapy three times per week times four weeks to the right shoulder is not medically necessary.