

<b>Case Number:</b>	CM15-0162507		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	02/15/2006
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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 is a 40 year old female who sustained an industrial injury on February 15, 2006. A primary treating office visit dated July 23, 2015 reported subjective complaint of: "status post right ankle injection, helped, decreased pain." She is with complaint of: "right shoulder pain," "right arm numbness," and also states "that she did not participate in physical therapy session that was recommended." The following diagnoses were applied to this visit: right shoulder strain acute flare, status post arthroscopy August 2014; rule out right knee osteochondral lesion; right ankle chronic grade III sprain, and right wrist carpal tunnel syndrome. The plan of care is with recommendation for: continuing home exercise program; recommending a course of physical therapy to right shoulder for strengthening and Glenohumeral stabilization. Of note, she did receive a right ankle joint injection on June 15, 2015 visit. Current medications at pain management follow up dated June 03, 2015 consisted of: Percocet, Baclofen, and Mobic. On August 03, 2015, a request was made for 16sessions of physical therapy treating the right shoulder that was modified by Utilization review on August 10, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**16 Physical Therapy Visits for the Right Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The requested 16 Physical Therapy Visits for the Right Shoulder is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The patient is past the post-op period. The injured worker has "right shoulder pain," "right arm numbness," and also states "that she did not participate in physical therapy session that was recommended." The following diagnoses were applied to this visit: right shoulder strain acute flare, status post arthroscopy August 2014; rule out right knee osteochondral lesion; right ankle chronic grade III sprain, and right wrist carpal tunnel syndrome. The plan of care is with recommendation for: continuing home exercise program; recommending a course of physical therapy to right shoulder for strengthening and Glenohumeral stabilization. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy beyond two sessions to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, 16 physical therapy visits for the right shoulder is not medically necessary.