

<b>Case Number:</b>	CM15-0168367		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	03/11/2015
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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, Occupational 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 61-year-old female, who sustained an industrial injury on March 11, 2015. Medical records indicate that the injured worker is undergoing treatment for a fractured proximal humerus of the right shoulder and right upper extremity pain. The injured worker was temporarily very disabled. On 7-23-15, the injured worker complained of intermittent right shoulder pain. Examination of the right shoulder revealed slight swelling, diffuse tenderness and a decreased range of motion. The referenced progress report was handwritten and difficult to decipher. Treatment and evaluation to date has included medications, right shoulder x-rays, physical therapy (24) and a home exercise program. A physical therapy noted dated 6-29-15 notes the injured workers pain level to be 7 out of 10. The injured workers remaining deficits included pain, range of motion and strength. Current medications include Norco. The request for authorization dated 7-24-2015 includes a request for physical therapy # 12. The Utilization Review documentation dated 7-31-15 non-certified the request for physical therapy # 12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, 12 sessions:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder.

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

**Decision rationale:** MTUS 2009 does not specifically address physical therapy after an individual suffers a proximal humerus fracture. It recommends up to 10 sessions of therapy to treat myalgia. This patient is a 61-year-old female who suffered a proximal humerus fracture after a fall. Prior therapy has provided improved range of motion along with pain control. However, she continues to have significantly reduced range of motion seven months after the injury. However, based on the physical therapy progress notes it appears that additional physical therapy is warranted. Adhesive capsulitis can develop and injured shoulders. Progress after this type of injury can also be slow. Therefore, the additional physical therapy is medically necessary even though this request may not strictly adhere to guidelines.