

<b>Case Number:</b>	CM15-0061652		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	09/15/2011
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: Florida  
 Certification(s)/Specialty: Neurology, 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 63-year-old female, with a reported date of injury of 09/15/2011. The diagnoses include right shoulder impingement syndrome, right shoulder pain, and status post right shoulder surgery with some residual symptoms. Treatments to date have included oral medications. The pain management re-evaluation report dated 02/11/2015 indicates that the injured worker complained of low back pain, and right lower extremity pain. There were no objective findings documented regarding the right shoulder. The medical report from which the request originates was not included in the medical records provided for review. The treating physician requested physical therapy for the right shoulder and orthopedic consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x6 right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical modalities Page(s): 174.

**Decision rationale:** The medical records report pain in the shoulder but does not document specific functional goals for 12 physical therapy visits. MTUS supports PT for identified goals up to 8 visits for shoulder sprain/strain. As the medical records do not support specific goals of therapy and do not indicate rationale for needing additional visits beyond those supported by MTUS, the medical records do not support a medical necessity for 12 visits of PT.

**Orthopedic consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines low back Page(s): 305-306.

**Decision rationale:** The medical records support activity limitations that have been occurring greater than one month with lower leg symptoms lasting greater than one month. MTUS guidelines support referral to specialist for further opinion and evaluation regarding etiology, prognosis, and to guide further treatment. As such the medical records support referral to specialist for further evaluation of persistent pain to guide further treatment and prognosis.