

<b>Case Number:</b>	CM15-0062208		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/13/2015
<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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 33 year old female who sustained a work related injury May 13, 2013. While working at a car wash, she was struck by a vehicle. She complained of neck pain with headaches, intermittent dizziness, and intermittent numbness and tingling into bilateral arms. Past history included depression and s/p right shoulder surgery, December, 2014. According to a physician's progress notes, dated February 13, 2015, the injured worker presented with low back pain with left lower extremity weakness, right shoulder pain with radiation to the right upper extremity, and left knee pain with joint tenderness and swelling. Diagnoses included lumbar spondylosis with myelopathy; disorder of right shoulder; patellar tendonitis; sacroiliac joint inflammation; cervical spondylosis without myelopathy and hip pain. Treatment plan included refill of medications, requests for hip x-ray, additional physical therapy 2x6 right shoulder, and cognitive behavioral therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks for the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy, Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Shoulder (Acute & Chronic), Physical Therapy, ODG Preface Physical Therapy.

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Regarding physical therapy, ODG states "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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The patient has completed 12 sessions of physical therapy for her arthroscopic procedure but the records fail to document what procedure was done and the indication. The request for 12 sessions is far in excess of the initial trials per MTUS and ODG guidelines. The UR modified the request to allow for 8 additional sessions which is reasonable. As such, the request for Physical therapy 2 times a week for 6 weeks for the right shoulder is not medically necessary.