

<b>Case Number:</b>	CM15-0066206		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	08/29/2005
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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 74 year old female who sustained an industrial injury on 8/29/05. The mechanism of injury is unclear. She currently complains of pain and burning sensation in the shoulders and neck area. Her range of motion in bilateral shoulders is decreased. Medications are naproxen, omeprazole, LidoPro cream. Diagnoses include diabetes; myofascial pain; right rotator cuff tear; chronic pain. Treatments to date include medications, transcutaneous electrical nerve stimulator unit, home exercise program, cortisone injection to shoulder with relief for one year. No diagnostics were identified in the records reviewed. In the progress note dated 2/6/15 the treating provider's plan of care requests physical therapy 12 sessions to increase range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Physical Therapy.

**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 performs a home exercise program. It is unclear if she has received PT in the past. The UR modified the request to allow for a trial, which is appropriate. The request for 12 sessions is far in excess of the initial trials per MTUS and ODG guidelines. As such, the request for Physical Therapy 12 sessions is not medically necessary.