

<b>Case Number:</b>	CM15-0067302		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	12/18/2014
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 49 year old male, who sustained an industrial injury on 12/18/2014. He reported right shoulder pain. The injured worker was diagnosed as having chronic acromioclavicular sprain of the right shoulder, right rotator cuff tendinitis, and right shoulder rule out internal derangement. Treatment to date has included medications, physical therapy. The request is for additional physical therapy for the right shoulder. A PR-2 dated 1/5/2015, indicates he was seen for re-evaluation. He reported feeling better, and a minor increase in pain to the right arm/shoulder with lifting motion. The treatment plan included: physical therapy, mineral ice, and Orudis. He reported on 3/10/2015, that physical therapy was helpful. The records indicate he has completed at least 6 physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy, 3 times weekly for 3 weeks, Right Shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines: Rotator Cuff Syndrome/Impingement syndrome.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Section, Physical Therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional therapy three times per week times three weeks to the right shoulder is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are chronic acromioclavicular sprained right shoulder; right shoulder level internal derangement; and right rotator cuff tendinitis. Documentation from a January 7, 2015 progress note shows the injured worker was starting visit #1 of 3. A January 20, 2015 progress note shows the worker received a total of 6 physical therapy sessions. On a January 29, 2015 progress note, there was a request for an additional three sessions per week times weeks (six sessions). The guidelines recommend sprained shoulder rotator cuff medical treatment 10 visits over eight weeks. The injured worker received the full complement of physical therapy sessions based on the documented diagnosis. The VAS pain score was improved at 2/10 and it was objective movement in the range of motion. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record to indicate additional physical therapy is warranted. The injured worker should be well-versed in home exercises to engage in a home exercise program based on the physical therapy received to date. Consequently, absent compelling clinical documentation according to guideline recommendations, in the absence of compelling clinical facts indicating additional physical therapy is warranted, additional therapy three times per week times three weeks to the right shoulder is not medically necessary.