

<b>Case Number:</b>	CM15-0071970		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	11/06/2014
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 53 year old male, who sustained an industrial injury on November 6, 2014. He reported right shoulder and neck pain. On November 7, 2014, x-rays of the right shoulder were obtained and his initial treatment included a non-steroidal anti-inflammatory injection, arm sling, heat, non-steroidal anti-inflammatory medication, and muscle relaxant medication. He was diagnosed with shoulder sprain/strain. The injured worker was currently diagnosed as having sprain cervical region, cervical spondylosis, lumbosacral sprain, and partial rotator cuff tear. Diagnostics to date has included MRIs and cervical x-rays. Treatment to date has included physical therapy, right shoulder steroid injections, and medications including non-steroidal anti-inflammatory and muscle relaxant. On February 2, 2015, the injured worker complains of neck, right upper extremity, and low back pain. The physical exam revealed right shoulder and cervical spine tenderness with decreased range of motion and right shoulder impingement. The treatment plan includes physical therapy twice a week for 4 weeks and a right shoulder evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the right shoulder:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained an injury to the right shoulder and neck in November 2014. Treatments included 2 documented sessions of physical therapy. When seen, he was having ongoing shoulder and cervical spine tenderness with decreased range of motion and findings of right shoulder impingement. Authorization for physical therapy two times per week for eight weeks was requested. In terms of nonsurgical treatment for rotator cuff impingement/tendinitis, guidelines recommend up to 10 treatments sessions. In this case, the total number of visits being requested is consistent with that recommendation and therefore, this request is medically necessary.