

<b>Case Number:</b>	CM15-0076708		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	12/03/2013
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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 46 year old female, who sustained an industrial injury on 12/03/2013. The injured worker is currently diagnosed as having left shoulder sprain/strain impingement syndrome and left upper trapezius sprain/strain with spasms. Treatment and diagnostics to date has included physical therapy and medications. In a progress note dated 03/11/2015, the injured worker presented with complaints of continued left shoulder pain with left trapezius muscle spasms. The treating physician reported requesting authorization for physical therapy to the left shoulder and left upper trapezius muscle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3XWk x 4Wks for the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine.

**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, physical therapy three times per week times four weeks of the left 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are left shoulder sprain/strain and left upper trapezius sprain/strain; (spasms, T.P.). A progress note dated March 11, 2015 states the injured worker has continued complaints of left shoulder pain 5/10 and left trapezius spasms without change. The treating provider is awaiting scheduling for trigger point injections. There is no physical examination the medical record. The documentation shows the injured worker received prior physical therapy (approximately 14 sessions to the left shoulder). The guidelines recommend 10 visits over eight weeks for a sprained shoulder. The treating provider exceeded the recommended guidelines of 10 visits with 14 visits. There are no compelling clinical facts in the medical record indicating additional physical therapy is clinically indicated. Consequently, absent compelling clinical documentation with objective functional improvement in excess of the recommended guidelines (10 visits over eight weeks) and compelling clinical facts indicating additional physical therapy is warranted, physical therapy three times per week times four weeks of the left shoulder is not medically necessary.