

<b>Case Number:</b>	CM15-0091822		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	07/16/2012
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52 year old, female who sustained a work related injury on 7/16/12. The diagnoses have included right shoulder impingement syndrome and right biceps tendon rupture. Treatments have included multiple right shoulder injections and home exercises. She did attend two physical therapy sessions then authorization for the treatment expired. In the Worker's Compensation Follow-Up note dated 3/17/15, the injured worker complains of right shoulder tenderness at the anterolateral acromion. Drop arm test, Hawkin's test and Speed's test are all positive for pain. She continues her regular work duties. The treatment plan includes a continued request for physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 8 weeks for the right shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program for flare-up, new injury, progressive deterioration, or with documented functional improvement in terms of increased ADLs with decreased pharmacological profile and medical utilization. For chronic injury with new findings, therapy may be medically appropriate to allow for relief and re-instruction on a home exercise program for a chronic injury. It appears the patient made some progress with therapy; however, request for continued therapy is beyond the quantity for guidelines criteria for reassessment with further consideration for additional sessions upon documented functional benefit. Submitted reports have not adequately demonstrated the indication to support for excessive PT sessions without extenuating circumstances established beyond the guidelines. The Physical therapy 2 x 8 weeks for the right shoulder is not medically necessary and appropriate.