

<b>Case Number:</b>	CM15-0098585		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	03/03/2015
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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 35 year old male police officer who sustained an industrial injury to his right shoulder on 03/03/2015 during an altercation with a suspect. The injured worker was diagnosed with right shoulder sprain/strain and right shoulder impingement. Treatment to date includes diagnostic testing, physical therapy and medications. According to the primary treating physician's progress report on April 29, 2015, the injured worker continues to experience right shoulder pain, weakness and decreased range of motion. The injured worker rates his pain level at 5-6/10. Examination demonstrated right periscapular tenderness, painful/tender arc of motion and positive O'Brien's test. Current medications are listed as Diclofenac and Omeprazole. Treatment plan consists of chiropractic therapy, home exercises and the current request for physical therapy (PT) twelve (12) sessions to the right shoulder twice a week for six (6) weeks and functional improvement measurement using National Institute for Occupational Safety and Health (NIOSH) every thirty (30) days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient physical therapy (PT) twelve (12) sessions to the right shoulder; two (2) times weekly for six (6) weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**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, outpatient physical therapy 12 sessions to the right shoulder two times per week time six weeks 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 right shoulder impingement syndrome and right shoulder strain. Utilization review states the injured worker received prior physical therapy. There was no documentation with prior physical therapy progress notes or evidence of objective functional improvement with prior physical therapy. If the worker has not received prior physical therapy (no documentation in the record), a six visit clinical trial is appropriate. The treating provider requested 12 sessions of physical therapy annexes of the recommended guidelines for a six visit clinical trial. Consequently, absent clinical documentation with evidence of prior physical therapy and objective functional improvement, and in the alternative, a request in excess of the recommended guidelines for a six visit clinical trial, outpatient physical therapy 12 sessions to the right shoulder two times per week time six weeks is not medically necessary.

**Functional improvement measurement with functional improvement measures using National Institute for Occupational Safety and Health (NIOSH) every thirty (30) days:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement Page(s): 48.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional improvement measures.

**Decision rationale:** Pursuant to the Official Disability Guidelines, functional improvement measurement with functional improvement measures using National Institute For Occupational Safety and Health (NIOSH) every 30 days is not medically necessary. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function or maintenance of function that would otherwise deteriorate. See the official disability guidelines for details. In this case, the injured worker's working diagnoses are right shoulder impingement syndrome and right shoulder strain. There is insufficient documentation in the medical record indicating medical necessity for this functional improvement measure (NIOSH) in addition to range of motion and muscle testing conducted on a routine physical examination. These clinical improvement measures are measured during the history and physical examination and perform as part of the evaluation and management visit. Consequently, absent compelling clinical documentation with a clinical rationale including functional improvement measurement with functional improvement measures using National Institute For Occupational Safety and Health, functional improvement measurement with functional improvement measures using National Institute For Occupational Safety and Health (NIOSH) every 30 days is not medically necessary.



