

<b>Case Number:</b>	CM15-0099048		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	05/10/2011
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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 51-year-old female, who sustained an industrial injury on 5/10/11. The injured worker has complaints of bilateral shoulder impingement symptomatology. The documentation noted on examination that the shoulders have light touch sensation to the upper arm, forearm and hand were bilaterally symmetric and within normal limits. The diagnoses have included other affections of shoulder region, not elsewhere classified. Treatment to date has included physical therapy. The request was for additional physical therapy x 8 for the bilateral shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy x 8 for the Bilateral Shoulders:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient presents with shoulder pain. The request is for Additional Physical Therapy X 8 for the Bilateral Shoulders. The request for authorization is dated 04/21/15. She has undergone multiple treatments and has recently undergone physical therapy rehabilitation. She states that the physical therapy has been improving her shoulders steadily. Per progress report dated 04/21/15, the patient is returned to work. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. "Per progress report dated 04/21/15, treater's reason for the request is "as final treatment for her shoulders. " Physical therapy treatment history or reports is not provided. In this case, given the patient's condition, a short course of physical therapy would be indicated. Review of provided records show the patient previously had two visits of physical therapy. MTUS allows up to 10 visits of physical therapy. Therefore, the request is medically necessary.