

<b>Case Number:</b>	CM15-0099286		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	07/14/2005
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/20/2015
<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 (IW) is a 61-year-old female who sustained an industrial injury on 07/14/2005. She reported pain in the bilateral upper arms. The injured worker was diagnosed as having synovitis/tenosynovitis-hand, adhesive capsulitis of shoulder, depressive disorder, shoulder-hand syndrome, and opioid dependence. Treatment to date has included pain medications and a series of physical therapy sessions which she just finished. Currently, the injured worker complains of pain in the right upper arm and left upper arm right greater than left that has improved with the physical therapy. The pain is associated with muscle spasm. On exam, range of motion is normal in both shoulders with exception of limited abduction in the right upper arm. There is guarded range of motion of the right and tenderness to palpation in the right trapezius. The plan of care is to continue physical therapy for the right shoulder and develop a home exercise program. A request for authorization is made for Physical therapy for the right shoulder x 8.

### 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 x 8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

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

**Decision rationale:** This patient presents with chronic upper extremities pain. The current request is for PHYSICAL THERAPY FOR THE RIGHT SHOULDER X8. The Request for Authorization is dated 05/11/15. Treatment to date has included pain medications, acupuncture and physical therapy sessions. The patient is currently not working. The MTUS Chronic Pain Management Guidelines, pages 98, 99 have 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." Review of the medical records indicate that the patient was authorized 8 physical therapy sessions on 03/08/15. According to progress report 05/08/15, the patient has completed a course of physical therapy with improvement of her pain. However, there is still muscle spasm at the right upper trapezius. She would like to continue with physical therapy. Physical therapy progress notes indicate patient is tolerating exercises. There are no indications of improvement of pain or function. The patient recently completed a course of 8 physical therapy sessions and has reported that prior PT has helped, but there is no report of recent surgery, new injury, new diagnoses, or new examination findings to substantiate the current request for additional sessions. Furthermore, the treating physician has not provided any discussion as to why the patient would not be able to transition into a self-directed home exercise program. The requested physical therapy IS NOT medically necessary.