

<b>Case Number:</b>	CM13-0046224		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/02/2001
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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, Hawaii

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 42-year-old female, who sustained an industrial injury on 1/2/01. The initial complaints are not noted. The injured worker was diagnosed as having right shoulder strain without RTC tear. Treatment to date has included physical therapy 12 sessions. Currently, the PR-2 notes dated 10/9/13 indicated the injured worker complains of right shoulder pain. She continues with ongoing right shoulder pain and has been going to physical therapy 1-2 times a week with benefit. She notes an improvement in the pain and range of motion since beginning physical therapy in the pain with range of motion. The injured worker notes she sleeps with difficulty; is not taking any medications and is working full duty. Examination shows flexion of 180 degrees and the neurovascular examination is normal. The physical examination reveals internal rotation with the arm behind the back is to T7 and external rotation with arm to the side is to 90 degrees. There is some pain but good strength to supraspinatus testing and good strength to external rotation testing and noted tenderness along the parascapular muscles. The provider has requested physical therapy visits two (2) times a week for six (6) weeks. The provider's treatment plan recommends additional physical therapy. Utilization Review modified this request to 2 sessions of physical therapy for elbow and shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy (12-sessions, 2 times a week for 6 weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines.

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

**Decision rationale:** The patient presents with right shoulder pain without evidence of any rotator cuff tear. The current request is for Physical Therapy Visits Two (2) Times a Week for Six (6) Weeks. The treating physician states, "She has been going to physical therapy 1 to 2 times a week with benefit. She notes an improvement in the pain and in range of motion since beginning physical therapy." The treating physician goes onto state that he does not feel that the patient would benefit from surgery and would like to continue physical therapy. The patient has completed 12 sessions of physical therapy. The MTUS guidelines state, "They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process" and MTUS only allows 8-10 sessions of physical therapy. In this case, the treating physician has requested an amount, which would exceed the recommended guidelines, and there is no discussion as to why the patient is not currently able to transition to a home exercise program. Therefore, the current request is not medically necessary.