

Case Number:	CM13-0039951		
Date Assigned:	12/20/2013	Date of Injury:	01/25/2013
Decision Date:	11/23/2015	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/09/2013

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

Certification(s)/Specialty: Emergency 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:

This 56 year old woman sustained an industrial injury on 1-25-2013. Diagnoses include complete rupture of the rotator cuff, adhesive capsulitis, rotator cuff syndrome, and displacement of cervical intervertebral disc without myelopathy. Treatment has included oral medications and physical therapy. Physician notes dated 9-6-2013 show complaints of left shoulder stiffness and pain as well as neck pain with radiation to the shoulder and arm. The physical examination shows range of motion of the shoulders noted to be forward elevation 120 degrees bilaterally and external rotation 50 degrees bilaterally, strength is normal and symmetric, impingement signs were negative, Hawkin's sign is positive. "Full" flexion and extension of the neck without motor or sensory deficits in either upper extremity was noted. Recommendations include additional physical therapy and follow up in four weeks. Utilization Review denied a request for physical therapy on 10-2-2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) additional physical therapy sessions once per week for 8 weeks for the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM -

[https://www.acoempracguides.org/Cervical and Thoracic Spine](https://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine); Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The requested Eight (8) additional physical therapy sessions once per week for 8 weeks for the left shoulder, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has left shoulder stiffness and pain as well as neck pain with radiation to the shoulder and arm. The physical examination shows range of motion of the shoulders noted to be forward elevation 120 degrees bilaterally and external rotation 50 degrees bilaterally, strength is normal and symmetric, impingement signs were negative, Hawkin's sign is positive. "Full" flexion and extension of the neck without motor or sensory deficits in either upper extremity was noted. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Eight (8) additional physical therapy sessions once per week for 8 weeks for the left shoulder is not medically necessary.