

<b>Case Number:</b>	CM13-0046202		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/23/2008
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	10/18/2013
<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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is an employee of [REDACTED] and has submitted a claim for rotator cuff sprain and strain with left shoulder impingement, associated with an industrial injury sustained on 5/23/08. Treatment to date has included shoulder arthroscopy on 2/3/12, physical therapy, shockwave therapy, and oral medications. Medical records from 2012-2013 were reviewed, showing that patient has been complaining of chronic left shoulder pain. Physical examination showed decreased range of motion of left shoulder towards flexion and abduction. Hawkin's sign was positive on the left. An MRI of the left shoulder, taken on 9/4/10, showed infraspinatus and supraspinatus tendinitis, subacromial-subdeltoid bursitis, and acromioclavicular osteoarthritis. A repeat MRI of the left shoulder, taken on 7/10/13, revealed status post left shoulder surgery with metallic artifact. The rotator cuff was noted to be normal in appearance with no tearing. Joint spaces were well maintained, and osseous structures were without significant findings. There were no other postsurgical changes noted. An MRI arthrogram of the left shoulder taken on 4/1/11 showed rotator cuff tear or glenoid labral pathology. EMG/NCV of the upper extremities performed on 11/17/11 showed very early or very mild bilateral median sensory neuropathy. A repeat electrodiagnostic study of the upper extremities was performed on 4/19/12, which was normal. Upper extremity electromyography, dated 2/21/13, showed normal results bilaterally. A repeat upper extremity electromyography, dated 6/20/13, still showed normal results bilaterally. An upper extremity nerve conduction report, dated 2/25/13, showed no response to stimulation of the left radial sensory nerve, which may be due to technical difficulties; however, one cannot completely exclude a left radial sensory nerve neuropathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EIGHT (8) SESSIONS OF PHYSICAL THERAPY, TWO (2) TIMES A WEEKS FOR FOUR (4) WEEKS, FOR THE LEFT SHOULDER: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines, and the Postsurgical Treatment Guidelines.

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

**Decision rationale:** As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended, given that the frequency of treatment should be tapered and the patient should transition into a self-directed home program. In this case, the patient started to undergo physical therapy on 2/25/13. There is no evidence as to why the patient is still not versed in independent, home-based exercises. The medical records submitted for review did not indicate the number of therapy sessions the patient was able to complete. Likewise, there is no documentation as to why an extension of physical therapy is indicated. The most recent progress reports did not document the range of motion and motor strength of the left shoulder. Likewise, the limitation in activities of daily living caused by the left shoulder pain was not documented. Furthermore, the repeat MRI, dated 7/10/13; EMG, dated 6/20/13; NCV, dated 2/25/13 did not reveal significant changes in the left shoulder that would necessitate physical therapy services. Therefore, the request is not medically necessary.