

<b>Case Number:</b>	CM14-0108752		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/17/2012
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder, arm, and neck pain reportedly associated with an industrial injury of August 17, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; earlier shoulder surgery; subsequent manipulation under surgery with arthroscopy on February 27, 2013; and at least 23 sessions of physical therapy, per the claims administrator. In a Utilization Review Report dated June 10, 2014, the claims administrator denied a request for eight additional sessions of physical therapy. The applicant's attorney subsequently appealed. In an April 21, 2014 progress note, the applicant reported persistent complaints of shoulder pain. The applicant's case was complicated by comorbid diabetes requiring usage of metformin, it was acknowledged. The applicant attributed the onset of symptoms to subduing a riot at work. Limited shoulder range of motion was noted with flexion and abduction to 145 degrees. A rather proscriptive 10-pound lifting limitation and eight additional sessions of physical therapy were sought. It was not stated that whether or not the applicant, was, in fact, working, although one section of the note did seemingly suggest (but not clearly stated) that the applicant was working modified duty. On June 16, 2014, the applicant was again described as having persistent complaints of neck pain, shoulder pain, and paresthesias about the digits. 170 degrees of shoulder flexion and abduction were appreciated on this occasion. The applicant's primary operating diagnosis was adhesive capsulitis. Work restrictions were again endorsed. In a physical therapy progress note of April 17, 2014, it was suggested that the applicant had had 11 sessions of physical therapy on this particular episode of care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient physical therapy 2X4 for the left shoulder.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The applicant has had prior treatment in 2014 alone (11 sessions), seemingly in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here. As further noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are expected to continue with home exercises as an extension of the treatment process. In this case, the information on file suggests that the applicant's shoulder issues were responding favorably to time, medications, earlier physical therapy, and home exercises, effectively obviating the need for the lengthy formal course of treatment proposed by the attending provider. For instance, the applicant was described in June 2014 as having well-preserved shoulder range of motion in the 170 degrees of flexion range, improved as compared to a prior visit of April 2014 in which the request for additional therapy was made. For all of the stated reasons, then, the request for eight sessions of physical therapy for the left shoulder is not medically necessary, medically appropriate, or indicated here.