

<b>Case Number:</b>	CM14-0011762		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	12/07/2011
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 low back and shoulder pain associated with an industrial injury of December 7, 2011. Thus far, the applicant has been treated with analgesic medications, earlier shoulder arthroscopy, transfer of care to and from various providers in various specialties, unspecified amounts of physical therapy over the claim, and extensive periods of time off of work. In a handwritten progress note dated May 16, 2014, the applicant reported persistent complaints of low back pain. The applicant was given tramadol for pain relief and placed off of work, on total temporary disability. In a narrative progress note of the same date, the attending provider stated that the applicant had decreased range of motion about the shoulder and lumbar spine. The attending provider stated that the applicant should pursue an MRI of the shoulder with gadolinium contrast owing to the fact that there were some concerns about a possible re-tear of the rotator cuff following earlier failed shoulder surgery. The applicant was declared permanent and stationary through a medical-legal evaluation of March 28, 2014. On March 12, 2014, the applicant was given a shoulder corticosteroid injection and asked to pursue 12 sessions of physical therapy. The applicant had well-preserved shoulder range of motion with flexion and abduction to 160 degrees on that date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 SESSIONS OF PHYSICAL THERAPY TO LEFT SHOULDER:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8, 99.

**Decision rationale:** While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to 9 to 10 sessions of physical therapy treatment for myalgias and myositis, this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, there has been no such demonstration of functional improvement with earlier treatment. The applicant is off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including shoulder corticosteroid injection therapy and synthetic opioids such as tramadol. Ultimately, it appears that both of the applicant's primary treating physician and medical legal evaluator also concurred that the applicant had maximized her rehabilitation through earlier physical therapy. Therefore, the request is not medically necessary.