

<b>Case Number:</b>	CM14-0165286		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	07/18/2011
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 injured worker is a represented employee, who has filed a claim for chronic shoulder pain reportedly associated with industrial injury of July 18, 2011. Thus far, the injured worker has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier cervical fusion surgery in 2011; subsequent shoulder surgery in March 2012; and at least 30 sessions of physical therapy over the course of the claim, per the claims administrator. The injured worker's attorney subsequently appealed. In a May 8, 2014 medical-legal evaluation, the injured worker presented with ongoing complaints of left shoulder, neck and back pain. The injured worker was not working and last worked in July 2011, i.e., the date of injury, it was acknowledged. In an August 7, 2014 progress note, the injured worker reported ongoing complaints of neck, low back, and left shoulder pain 6 to 8/10. The injured worker was placed off of work on total temporary disability. Eight sessions of physical therapy for the left shoulder, neck, and low back were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for four weeks to the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Topic, Functional Restoration Approach to Chronic Pain Management Section Page. Decision based on Non-MTUS Citation 9792.20f.

**Decision rationale:** The injured worker has had prior treatment (at least 30 sessions, per the claims administrator), seemingly well 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. This recommendation is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that the demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. In this case, however, the injured worker is off of work suggesting a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request for additional physical therapy is not medically necessary.