

<b>Case Number:</b>	CM14-0023047		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	10/01/2012
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Minnesota. 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 46 year-old- male who reported an injury on 10/01/2012 due to an industrial work injury. The injured worker had a right shoulder rotator cuff repair in 2009 and was postoperative of lysis adhesions in 2010. On 12/03/2013 the injured worker was referred to Progressive Physical Therapy with left shoulder pain which attributes to the injured worker working 60 hours weeks. On 12/03/2013 the Progressive Physical Therapy report documented left shoulder abduction at +3/5, shoulder extension +4/5 and shoulder flexion +3/5. The injured worker left flexion active range of motion was noted at 85 degrees. On 01/17/2014 the injured worker stated that he had left shoulder pain. It was noted that the injured worker had attended physical therapy and had overall improvement with his stiffness and pain. On the physical examination documented on 01/17/2014 the left shoulder was negative for effusion and ecchymosis. The injured worker had 100 degrees forward flexion, external rotation and internal rotation posterior superior iliac spine was 15 degrees. The muscle tone was a 5/5 within normal limits. The injured worker diagnosis include left shoulder adhesive capsulitis, diabetes type 2 and status post right shoulder rotator cuff repair and postoperative of lysis adhesions. The treatment plan was to have additional physical therapy for the left shoulder 2 times a week for 6 weeks. The authorization for request was submitted on 01/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY FOR THE LEFT SHOULDER: 2X6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for additional physical therapy for the left shoulder 2 times a week for six weeks is non-certified. The injured worker has already completed sessions of physical therapy of the left shoulder. California Medical Treatment Utilization Schedule (MTUS) guidelines recommend up to 10 physical therapy visits. The documentation provided on 01/17/2014 states the injured worker has improved overall with his pain and stiffness. In addition, the injured worker has completed at least 3 sessions of physical therapy for the left shoulder to date. There is a lack of documentation of any significant functional improvement to warrant continued formal therapy. Given the above, the request for additional physical therapy of the left shoulder 2 times a week for 6 weeks is not medically necessary.