

<b>Case Number:</b>	CM14-0031713		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/15/2008
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 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 54-year-old female who reported an injury on 09/15/2008 due to continuous trauma. On 06/30/2010, she underwent right shoulder arthroscopic surgery with [REDACTED]. The injured worker complained of left shoulder pain and right shoulder pain. She stated pain level had increased since her last visit. She rated her pain with medications as 3/10 and without medications as 7/10. Physical examination of her right shoulder revealed that she had smooth motion in the subacromial space. Her forward elevation was 125 degrees, external rotation was 30 degrees, and internal rotation is to L3. Her rotator cuff strength was 4/5 in external rotation and infraspinatus lag test and supraspinatus test. Lift-off test was negative and she also had negative signs of impingement 1, 2, and 3. Left shoulder range of motion revealed forward flexion of 120 degrees, external rotation on that side was 30 degrees, and internal rotation was at 5th lumbar level. Her motor strength on supraspinatus abduction was 4/5, supraspinatus palm up was 4/5, infraspinatus lag test was 4/5, and deltoid 5/5, biceps, triceps, EPL, and FDP-2 were 5/5 as well. The injured worker has diagnoses of left shoulder impingement with associated bursitis and status post right shoulder rotator cuff repair. Treatment the injured worker has undergone in the past includes physical therapy and medication therapy. The current treatment plan is for physical therapy 2 times a week for 6 weeks bilateral shoulders. The rationale submitted in the report is to help improve pain and increase range of motion. The Request for Authorization Form was submitted on 20/17/2014 by Lawrence Wheel, MD.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2xwk x 6wks Bilateral Shoulders (12): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Workers Compensation, online edition Chapter: Shoulder Physical Therapy Guidelines.

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

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) guidelines state that physical medicine, up to 10 visits, may be supported to increase function 9-10 visits. There were no objective functional signs of improvement documented with the previous physical therapy sessions. There was also a lack of documentation indicating why continued therapy is needed and why an independent home exercise program would not be sufficient to address the remaining functional deficits. Furthermore, the request for 12 sessions of physical therapy exceeds the MTUS Guideline recommendations. Given the above, the request for physical therapy 2 times a week for 6 weeks bilateral shoulders is not medically necessary.