

<b>Case Number:</b>	CM14-0037019		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/26/2010
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 General Surgery, and is licensed to practice in Texas. 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 59 year old male whose date of injury is 08/26/2010. The injured worker stepped in oil and fell. Treatment to date includes physical therapy to the low back and left shoulder, lumbar microdecompression surgery, cervical epidural steroid injections, lumbar epidural steroid injection, left shoulder injection and medication management. Progress report dated 03/18/14 indicates that he has been dealing with left shoulder symptoms for almost 3 years. Impression is left shoulder pain and chronic right low back and leg symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x week for 4 weeks Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Shoulder Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

**Decision rationale:** Based on the clinical information provided, the request for physical therapy 2 x week for 4 weeks left shoulder is not recommended as medically necessary. The injured worker has undergone extensive physical therapy to date and should be well-versed in a home

exercise program at this time. There are no specific, time-limited treatment goals provided. The request for 8 sessions is excessive as Chronic Pain Medical Treatment Guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. The request is not medically necessary and appropriate.