

<b>Case Number:</b>	CM14-0089879		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/27/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 & 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 26-year-old male who reported an injury on 04/27/2011. The mechanism of injury was noted to be a fall. The injured worker's medications included Motrin 600 mg (twice a day) and Zantac 150 mg (twice a day). Prior therapies included 50 sessions of Physical Therapy, Chiropractic Care, Interferential Stimulation Unit, and Cortisone Injections to the shoulder as such, the surgical history was not provided. The documentation of 02/27/2014 revealed the injured worker had 8 months of physical therapy and reported some relief; however, continued to have symptoms. The physical examination revealed the injured worker complained of constant throbbing pain of the left shoulder with pins and needles in the elbow and trembling of the left arm. The injured worker indicated the pain was increasing with colder temperatures. The injured worker indicated he had a loss of coordination and could not perform activities such as heavy lifting, pushing, pulling, and reaching at or above shoulder level or overhead work. The documentation indicated the injured worker had an MRI of the left shoulder showing impingement with tendonitis and arthropathy of the left shoulder. The injured worker had a Nerve Conduction Study which showed some early innervation. The physical examination revealed girdle atrophy and tenderness of the left shoulder girdle muscles and upper arm and teres minor muscles. The injured worker had decreased range of motion in the left shoulder in forward flexion, abduction, extension, internal rotation, and external rotation. The injured worker was complaining of left shoulder discomfort on range of motion testing. There was no crepitation on movements of the left shoulder. The Neer's test and thumbs down test were negative and neurologic examinations were negative. The strength in the left was 4+/5 and the right was 5+/5. Deep tendon reflexes were 2+ bilaterally. The sensory examination to light touch and Wartenberg pinwheel revealed hypoaesthesia of the left shoulder deltoid muscles

and over the posterior aspect of the left arm. There was no wasting on the left hand only wasting of the upper arm deltoid muscles; grip strength was decreased on the left. The injured worker had an X-ray of the left shoulder which revealed wasting of the shoulder girdle muscles in general. There was mild osteoarthritis of the acromioclavicular joint, also noted was generalized osteopenia of the shoulder girdle bones. There was no evidence of dislocation of the shoulder joint present. The diagnoses included history of traumatic partial dislocation and relocation of the left shoulder, post-traumatic injury to the axillary nerve, posterior trunk of the brachial plexus with residual neuropathy, and shoulder girdle muscle atrophy partial recovery. The treatment plan included a urine drug screen, repeat EMG/NCV, the use of an interferential unit daily, medications, and continuation with an exercise program such as Codman exercises.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective request: for Physical Therapy: 12 sessions (left shoulder): Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines recommend Physical Medicine Treatment for myalgia and myositis for 8 to 10 visits. The clinical documentation submitted for review indicated the injured worker had previously undergone Physical Medicine Treatment for up to 50 sessions and the request for 12 additional sessions would be excessive. The injured worker should be well versed in a home exercise program. Given the above criteria, the retrospective request for 12 sessions of Physical Therapy (left shoulder) is not medically necessary.