

<b>Case Number:</b>	CM14-0094435		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	06/03/2011
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic left shoulder pain reportedly associated with an industrial injury of July 10, 1986. The applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; earlier right shoulder surgery in June 2012; subsequent left shoulder surgery in March 2013; and unspecified amounts of physical therapy over the course of the claim. In a utilization review report dated May 23, 2014, the claims administrator denied a request for 6 additional sessions of physical therapy. The applicant's attorney subsequently appealed. In a May 12, 2014, progress note; the applicant reported ongoing complaints of left and right shoulder pain. The applicant reported a flare in pain after having done heavy yard work. 165 degrees of left shoulder flexion was appreciated with full range of motion at about the right shoulder. Six additional sessions of physical therapy were endorsed for range of motion and strengthening purposes. A 10-pound lifting limitation was endorsed. It was not clearly stated whether the applicant was working or not with said limitation in place. In a March 24, 2014, progress note, the applicant reported ongoing complaints of neck pain, shoulder pain, and headaches. Cymbalta was endorsed while the applicant was placed off of work, on total temporary disability. The applicant has a followup in four to six weeks. In a March 25, 2014, progress note, the applicant reported ongoing complaints of shoulder pain. Diminished left shoulder range of motion and well-preserved right shoulder range of motion were appreciated. It was stated that the applicant had a physically arduous job. The applicant was placed off of work, on total temporary disability, for five days and then returned to work with a 10-pound lifting limitation. It was stated that the applicant was young, had a physically arduous job, and was intent on returning to work.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x 3 Left Shoulder:** Overturned

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

**Decision rationale:** The six-session course of treatment proposed was compatible with 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, the issue reportedly present here. The applicant had a flare of shoulder pain on or around the date in question. The attending provider stated that the applicant was in need of a short course of physical therapy to reinforce self-directed stretching and strengthening exercises and to facilitate the applicant's return back to regular-duty work. The attending provider posited that the applicant was intent on functional restoration and on returning to regular-duty work as quickly as practicable. It did appear that the applicant had responded favorably to earlier treatment as evinced by her reported return to work. The 6-session course of physical therapy, thus, was indicated to combat the applicant's reported flare in pain on or around the date in question. Therefore, the request was medically necessary.