

<b>Case Number:</b>	CM13-0058153		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	09/04/2010
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Rehab, has a subspecialty in Pain Management 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:

This patient is a 63 year old male with an injury date of 9/4/10. Based on the 10/15/13 progress report, the patient is status post total left shoulder replacement on 8/31/11. Patient complains of 7/10 pain with left shoulder pain, neck pain, and left upper back pain. Patient also complains of significant difficulty with activities of daily living due to the persistent left shoulder pain and weakness. Left shoulder exam shows 50 degrees with abduction, 60 degrees with flexion, and 10 degrees with extension. Palpation of paracervical muscles showed muscle spasm. Palpation of parathoracic muscles showed muscle spasm and tenderness from T1 to T5 mostly on the left side. Motor strength of the left shoulder in abduction, flexion, and extension is 3-/5 due to pain. Diagnoses are: 1. Left shoulder impingement with MRI of 4/30/10 abnormal for advanced degenerative disease with almost total cartilage loss of glenohumeral joint as well as partial thickness rotator cuff tear and tendinopathy of the biceps tendon. Status post left shoulder hemi-replacement surgery on 8/31/11 per provider. 2. Cervicothoracic strain, mostly left-sided, secondary to diagnosis number one. 3. Insomnia, secondary to diagnosis number one. 4. Secondary depression due to chronic pain from diagnosis number one and due to the fact that the patient was not given the total shoulder replacement surgery as promised by [REDACTED]; he was apparently only given partial shoulder replacement surgery. Work status as of 10/15/13 was deferred to the primary care provider (PCP). The utilization review being challenged is dated 11/5/13. The request is for physical therapy with massage left shoulder. Request was non-certified as patient had already transitioned to home exercise program (HEP) and is 2-3 years status post injury and surgery. The requesting provider has provided reports dated 4/11/13 to 10/15/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy with massage for the left shoulder:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: American College Of Occupational And Environmental Medicine 2nd Edition (2004)

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

**Decision rationale:** Per the 4/11/13 report, patient has requested and received one chiropractic treatment and he noted improved pain level and mobility. Further review of submitted documents also show a request for authorization (RFA) for chiropractic treatment x2 on 8/15/13 and another one submitted on 9/12/13; however, the total number of sessions this patient has completed is unknown. This patient currently reports a 7/10 pain level on 10/15/13 in spite of having had left shoulder hemi-replacement surgery on 8/31/11. Patient also reports having "significant difficulty with activities of daily living due to the persistent left shoulder pain and weakness." Given this patient's continued post-op pain, challenges with activities of daily living (ADLs) and report of "decreased movement of arm due to shoulder pain," the request for physical therapy with massage seems reasonable and within MTUS guidelines for various myalgias and neuralgias. Additionally, directed/supervised sessions of physical therapy can be beneficial in this case, for restoring flexibility, strength, function, and range of motion, and to alleviate discomfort, as well as to help control swelling, pain and inflammation. The request is medically necessary.