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| <b>Case Number:</b>   | CM14-0162647 |                              |            |
| <b>Date Assigned:</b> | 10/07/2014   | <b>Date of Injury:</b>       | 09/25/2009 |
| <b>Decision Date:</b> | 01/23/2015   | <b>UR Denial Date:</b>       | 09/25/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/03/2014 |

### 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 Rehab, has a subspecialty in Interventional Spine 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 39-year-old male with an injury date of 09/25/2009. Based on the 06/05/2014 progress report, the injured worker complains of having bilateral shoulder pain, right worse than the left. His left shoulder has a positive O'Brien's test and a positive impingement's test. The 06/18/2014 report states that the injured worker continues to have severe bilateral shoulder pain and rates his shoulder pain as a 9/10. In regards to his right shoulder, he has forward flexion 110 degrees, shoulder abduction 85 degrees, well-healed portals, extension 40 degrees, and adduction 30 degrees. In regards to left shoulder, the injured worker has forward flexion 65 degrees, shoulder abduction 65 degrees, external rotation 65 degrees, internal rotation 35 degrees, extension 40 degrees, and abduction 30 degrees. The 09/10/2014 report indicates that the injured worker has bilateral shoulder pain. Both shoulders are diffusely tender and have a positive impingement 1 and Hawkins' test. The injured worker had a right shoulder arthroscopy, glenohumeral synovectomy, subacromial decompression, and rotator cuff repair on 11/01/2010. He also had a right shoulder arthroscopy, synovectomy, and rotator cuff derangement on 01/05/2012. The injured worker's diagnoses include the following: 1. Bilateral shoulder pain. 2. Status post right shoulder rotator cuff repair. 3. Left shoulder rotator cuff tear. 4. Left shoulder impingement syndrome. The utilization review determination being challenged is dated 09/25/2014. Treatment reports were provided from 03/12/2014-09/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for Bilateral Shoulders x 12 Visits: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers Compensation (TWC), 18th edition, 2013 updates, Physical Therapy

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

**Decision rationale:** According to the 09/10/2014 progress report, the injured worker presents with bilateral shoulder pain. The request is for Physical Therapy for Bilateral Shoulders x 12 Visits. Review of the reports does not show any prior physical therapy the injured worker may have had. MTUS pages 98, 99 have the following: "Physical Medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS Guidelines 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks. For neuralgia, neuritis and radiculitis, 8 to 10 visits are recommended. In this case, it does not appear that the injured worker has had physical therapy before. The injured worker has been complaining about his bilateral shoulder pain as early as 03/12/2014. The injured worker is requesting for a total of 12 sessions of physical therapy which exceeds what is allowed by MTUS Guidelines. In addition, there is no discussion as to why the injured worker is not able to establish a home exercise program to manage pain. The reason for the request was not provided. The requested Physical Therapy for Bilateral Shoulders x 12 Visits is not medically necessary.