

<b>Case Number:</b>	CM14-0201469		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	04/28/2009
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine 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 58 year old female who was injured at work on 04/28/2009. She is reported to be complaining of back pain and left shoulder pain that make it difficult to sleep, and this has been affecting her mood. She has not been tolerating her job, so she has been off work. The physical examination revealed depressed and tearful affect, pain distress; swelling of the left shoulder, limited range of motion of the left shoulder, positive impingement signs, palpable tenderness of the biceps, glenohumeral joint, greater tubercle of the humerus, and tenderness in the rhomboid. She has been diagnosed of rotator cuff disease, carpal tunnel syndrome, adhesive capsulitis of the shoulder, Lumbago, pain in joint of the shoulder. Treatments have included left shoulder arthroscopic surgeries in 2011 and 2012, physical therapy for the low back in 8/2014, Ambien, Neurontin, Naproxen and Tylenol. At dispute is the request for Physical Therapy for Left Shoulder QTY: 8.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for Left Shoulder QTY: 8:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter (acute & chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The injured worker sustained a work related injury on 04/28/2009. The medical records provided indicate the diagnosis of diagnosed of rotator cuff disease, carpal tunnel syndrome, adhesive capsulitis of the shoulder, Lumbago, pain in joint of the shoulder. Treatments have included physical therapy for the low back, Ambien, Neurontin, Naproxen and Tylenol. The medical records provided for review do indicate a medical necessity for Physical Therapy for Left Shoulder QTY: 8.The records indicate she had eight physical therapy visits in 08/2014 for the low back, not the left shoulder. MTUS notes the overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. Also, the MTUS recommends fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine; patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Specifically for the shoulder, the MTUS recommends, initial treatment with strengthening or stabilization exercises for impingement syndrome, rotator cuff tear, instability, and recurrent dislocation. Therefore, the requested treatment is medically necessary and appropriate.