

<b>Case Number:</b>	CM14-0207154		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	08/18/2003
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 43-year-old male who sustained an industrial injury on 8/18/2003 resulting in multiple injuries including left shoulder pain. He was diagnosed with left shoulder impingement, and, subsequent diagnoses of status post left shoulder surgery, impingement, and rotator cuff tendonitis. Treatment has included surgery for which details are not included in the provided medical record, medication, and there is a reference to performing home stretching exercises. The injured worker continues to report shoulder pain, which increases when raising his arm above the shoulder, tenderness, and decreased strength. The treating physician's plan of care includes physical therapy 2 times a week for 6 weeks to the left shoulder. He is presently not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 Times A Week for 6 Weeks to Left Shoulders:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with pain affecting the low back, neck, bilateral shoulders, bilateral knees, and bilateral elbows. The current request is for Physical Therapy 2 Times A Week for 6 Weeks to the Left Shoulders. The requesting treating physician report was not found in the documents provided for review. A QME report dated 3/9/15 states, "the patient underwent left shoulder surgery in March 2005, and subsequently underwent right shoulder surgery in June 2013." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue with a home exercise program. The medical reports provided, do not show the patient has received prior physical therapy to the left shoulder. The patient had received left shoulder surgery in 2005 and is no longer in the post-surgical time period. In this case, the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment beyond the MTUS guidelines. The current request is not medically necessary.