

<b>Case Number:</b>	CM14-0208931		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	10/19/2012
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 patient is a 55-year-old female with date of injury of 10/19/2012. The listed diagnosis per 10/17/2014 is left shoulder RTC. According to this handwritten report, the patient complains of increased shoulder stiffness. There is decreased range of motion. The examination shows increased stiffness in the left shoulder. There is a positive Hawkins' and Neer's sign. Left shoulder range of motion is diminished. The treatment reports from 03/06/2013 to 12/12/2014 were provided for review. The utilization review denied the request on 11/21/2014.

### 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 for Strengthening The Left Shoulder:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** This patient presents with left shoulder RTC. The patient is status post left shoulder arthroscopy from 03/06/2013. The treater is requesting physical therapy 2 times a week for 6 weeks for strengthening the left shoulder. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The records show physical therapy reports from 02/24/2014 to 05/07/2014 for a total of 5 visits. The 05/07/2014 physical therapy report shows that the patient continues to complain of left shoulder pain. There is restriction and tightness throughout the shoulder girdle musculature. Tenderness at the glenohumeral joint, deltoid, and biceps. The patient is progressing towards range of motion and strength. The 10/17/2014 report shows increased shoulder stiffness, decreased range of motion including decreased activities of daily living. The MTUS page 8 on chronic pain requires satisfactory response to treatment including increased levels of function, decreased pain, or improved quality of life. In this case, the patient has received 5 physical therapy recently without significant benefit. Given the lack of functional improvement while utilizing physical therapy and that the quantity requested exceeds the MTUS recommendation of 8-10 sessions, the requested 12 sessions is not medically necessary.

**Additional Physical Therapy 2 Times A Week for 6 Weeks for The Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** This patient presents with left shoulder RTC. The patient is status post left shoulder arthroscopy from 03/06/2013. The treater is requesting additional physical therapy 2 times a week for 6 weeks for the left shoulder. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The records show physical therapy reports from 02/24/2014 to 05/07/2014 for a total of 5 visits. The 05/07/2014 physical therapy report shows that the patient continues to complain of left shoulder pain. There is restriction and tightness throughout the shoulder girdle musculature. Tender at the glenohumeral joint, deltoid, and biceps. The patient is progressing towards range of motion and strength. The 10/17/2014 report shows increased shoulder stiffness, decreased range of motion including decreased activities of daily living. In this case, the patient has received 5 physical therapy recently without significant benefit. The MTUS page 8 on chronic pain reports satisfactory response to treatment including increased levels of function, decreased pain, or improved quality of life. Given the lack of functional improvement while utilizing physical therapy, the request is not medically necessary.