

<b>Case Number:</b>	CM14-0061443		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/14/2008
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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: New York

Certification(s)/Specialty: Internal Medicine

### 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 42 year old male with an industrial injury dated 03/14/2008. A medical record dated 04/30/2014 is available which noted the injured worker was complaining of bilateral shoulder pain, left worse than right. Left shoulder range of motion was restricted in all directions. Lumbar ranges of motion were restricted y pain in all directions. Left shoulder impingement signs were positive. Diagnoses included left shoulder internal derangement, left shoulder surgery, and left shoulder impingement, right shoulder internal derangement and right shoulder surgery. The provider notes the injured worker has not had any physical therapy to his right shoulder since 2007 and did not have physical therapy to right shoulder after surgery in 2013. He had completed 18 physical therapy sessions to the left shoulder. On 04/16/2014 utilization review denied the request for physical therapy 2 times a week for 4 weeks for the bilateral shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x/ week x 4 weeks bilateral shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99, Postsurgical Treatment Guidelines Page(s): 27.

Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder, Physical therapy, updated 3/31/14

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Physical Therapy Page(s): 98.

**Decision rationale:** Per California MTUS Treatment Guidelines 2009, physical therapy is indicated for the treatment of shoulder pain. Recommendations state that for most patients with more severe pain conditions physical therapy is indicated as long as functional improvement and program progression are documented. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The documentation indicates the claimant completed 18 sessions of physical therapy after his right shoulder surgery in 2013. There is no documentation indicating the claimant cannot continue his home exercise program for shoulder strengthening. There is no specific indication for additional physical therapy sessions. Medical necessity for the requested 8 physical therapy sessions has not been established. The requested service is not medically necessary.