

<b>Case Number:</b>	CM15-0000193		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	11/21/2011
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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 & 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 45 year old female, who sustained an industrial injury on 11/21/2011. She has reported cumulative pain in both shoulders but especially the left. The diagnoses have included sprain of other specified sites of shoulder and upper arm, complete rupture of rotator cuff, and disorders of bursae and tendons in shoulder region unspecified. According to the utilization review documentation, treatment to date has included a left shoulder rotator cuff repair on 10/16/2014. The IW was previously approved for 12 sessions of post op physical therapy. Currently, there is documentation on 11/18/2014 that the IW is temporarily totally disabled from 10/15/2014 to 11/26/2014 and documentation from 11/18/2014 to 02/18/2015 stating the IW is temporarily totally disabled. No operative records from the surgery, and no physical therapy postoperatively are included in the records. On 12/12/2014 Utilization Review non-certified physical therapy 3x6 left shoulder noting the California Medical Treatment Utilization Schedule (CA MTUS) Postsurgical treatment guidelines were cited. On 01/02/2015, the injured worker submitted an application for IMR for review of physical therapy 3x6 of the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3x6 left shoulder:** Upheld

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

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

**Decision rationale:** The patient presents with pain in bilateral elbows and shoulders, and has been diagnosed with lateral epicondylitis and sprains and strains of shoulder and upper arms, as per progress report dated 11/22/14. The request is for physical therapy 3 x 6 left shoulder. MRI of the left shoulder, dated 08/12/14, reveals AC joint arthritis, partial-thickness undersurface tear of the distal supraspinatus, and mild-to-moderate infraspinatus tendinosis. In AME report dated 07/09/14, the patient rates the shoulder pain at 6-7/10 and states that the pain in the left shoulder radiates to the neck. Medications, as per progress report dated 10/14/14, include Zolpidem and Naproxen. The patient has been allowed to return to regular work, as per progress report dated 11/22/14. MTUS guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the patient does suffer from chronic pain in the left shoulder and has bilateral rotator cuff syndrome and left shoulder rotator cuff tear, as per progress report dated 08/13/14. Physical therapy report dated 10/11/13 reveals that the patient has received at least six sessions of physical therapy in October, 2013. AME report, dated 07/09/14, also states that the patient received physical therapy for shoulders at that time. In progress report dated 06/30/14, the treater requests for six additional sessions of physical therapy for bilateral shoulders. It is not clear if the patient received this treatment or not. The reports do not document any improvement in pain and function due to prior therapy. Additionally, MTUS only allows for 8 to 10 sessions of PT in non-operative cases. Hence, the treater's current request of 18 sessions appears excessive and IS NOT medically necessary.