

<b>Case Number:</b>	CM15-0004412		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	12/11/2002
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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 54 year old female, who sustained an industrial injury on December 11, 2002. She has reported shoulder issues. The diagnoses have included carpal tunnel syndrome, mood disorder, shoulder pain, and entrapment neuropathy of upper limb. Treatment to date has included medications, and 24 previously completed post-operative physical therapy visits. Currently, the IW complains of bilateral shoulder pain. The injured worker had left shoulder surgery on February 4, 2014. Current medications are: Dilaudid, Gabapentin, Paxil, and Zanaflex. On December 9, 2014, Utilization Review non-certified six physical therapy sessions for the left shoulder, (one time a week for six weeks), based on Physical Medicine, Chronic Pain Medical Treatment, and ODG guidelines. On January 8, 2015, the injured worker submitted an application for IMR for review of six physical therapy sessions for the left shoulder, one time a week for six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 physical therapy sessions for the left shoulder (1x a week for 6 weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26-27.

**Decision rationale:** The 54 year old patient presents with bilateral shoulder pain, rated at 5/10 with medications and 8/10 without medications, as per progress report dated 12/09/14. The request is for 6 PHYSICAL THERAPY SESSIONS FOR THE LEFT SHOULDER (1 X A WEEKS FOR 6 WEEKS). The RFA for this case is dated 07/11/14, and the date of injury is 12/11/02. The diagnoses, as per 12/09/14 report, includes bilateral carpal tunnel syndrome, mood disorder, shoulder pain, and entrapment neuropathy of the upper limb. The patient is status post revision rotator cuff repair of the left shoulder on 02/04/14, as per the operative report. Medications, as per progress report dated 12/09/14, include Gabapentin, Dilaudid, Paxil, Zanaflex, Cozaar and Seroquel. The patient is currently not working, and is temporarily totally disabled, as per progress report dated 12/09/14. MTUS guidelines, pages 26-27, recommend 24 visits over a period of 10 weeks for patients who have undergone arthroplasty. The post-surgical time frame is 6 months. 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 is status post left shoulder arthroscopic revision rotator cuff repair, arthroscopic extensive debridement, and revision acromioplasty, as per operative report dated 02/04/14. The patient has undergone 24 sessions of physical therapy after the surgery from 04/02/14 to 12/23/14, as per all the physical therapy reports available for review. In progress report dated 09/30/14, the treater states that the patient is benefiting from physical therapy, and needs to start "working with her strengthening protocol." The RFA for the current request is dated 07/11/14. However, the patient was already authorized for the recommended 24 post-surgical sessions. The treater does not specifically document improvement in function and reduction in pain due to this therapy, as required by MTUS. Hence, the additional 6 sessions IS NOT medically necessary.