

<b>Case Number:</b>	CM15-0106618		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	11/09/2014
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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 46-year-old female who sustained an industrial injury on 11/09/2014. The injured worker was diagnosed with left shoulder rotator cuff tendinitis. Treatment to date includes conservative measures, physical therapy and home exercise program. According to the primary treating physician's progress report on May 15, 2015, the injured worker continues to experience mild left shoulder pain, which is improving overall. Examination demonstrated mild tenderness to palpation over the acromioclavicular joint and the proximal anterior biceps tendon. The compartments of the left upper extremity were noted to be soft with no palpable spasms. Bilateral shoulder and elbow motion were unrestricted. Wrists, thumbs, and digits were non-tender with full range of motion. Current medications were not documented. The injured worker returned to work with full unrestricted duties. Treatment plan consists of a home exercise kit in conjunction with home exercise program and the current request for physical therapy twice a week for 4 weeks for 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, 2 times wkly for 4 wks, 8 sessions, Left Shoulder: Upheld**

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

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

**Decision rationale:** The patient presents with left shoulder pain. The request is for physical therapy 2 times weekly for 4 weeks, 8 sessions, left shoulder. Physical examination on 05/15/15 to the left shoulder revealed tenderness to palpation over the AC joint and over the proximal anterior biceps tendon. Patient has had physical therapy for the left shoulder with benefits. Per 05/01/15 progress report, patient's diagnosis include left shoulder pain, left shoulder rotator cuff tendinitis, left shoulder subacromial bursitis, mild, and left upper extremity mild-to-moderate overuse syndrome. Patient's work status is regular duties. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater has not discussed this request. In progress report dated 05/15/15, it is stated that patient started physical therapy is helping tremendously. The patient continues to suffer with pain in the left shoulder and a short course of physical therapy would be indicated. However, review of the medical records provided reveal that the patient has completed 12 sessions of physical therapy, from 11/09/14 to 04/01/15. In this case, the requested 12 sessions would exceed what is allowed by MTUS and therefore, the request is not medically necessary.