

<b>Case Number:</b>	CM15-0135101		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	10/03/2013
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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, Indiana, 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 38-year-old male with an industrial injury dated 10/30/2013. His diagnosis was left shoulder anterior instability with internal impingement. Prior treatment included steroid injections, physical therapy, topical creams, oral anti-inflammatory medication, and electric stimulation unit and activity modification. He presents on 06/03/2015 with complaints of increasing pain to his left shoulder along with more "popping" in his left shoulder. He has difficulty sleeping. Physical exam noted tenderness over the anterolateral aspect of the left shoulder. The relocation test and apprehension sign was positive. Range of motion was limited due to pain. There was evidence of anterior shoulder instability and weakness with abduction and external rotation. He remained on temporary partial disability with work restrictions. The treatment request is for physical therapy to the left shoulder 12 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy to the left shoulder 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), shoulder (acute and chronic): physical therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy to the left shoulder, 12 sessions is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured workers working diagnosis is left shoulder anterior instability with internal impingement. The date of injury is October 30, 2013. The request for authorization is June 29, 2015. According to a June 3, 2015 progress note, the injured worker has increased pain in the left shoulder. Objectively there was tenderness to palpation with decreased range of motion of the left shoulder. The injured worker status post left shoulder arthroscopy with rotator cuff repair March 11, 2014. MRI showed no tear. Despite the negative radiographic findings, the treating provider feels additional surgery is indicated. The injured worker, according to the utilization review, received 12 postoperative physical therapy sessions. The medical record documentation indicates the injured worker received an additional 23 physical therapy sessions. The injured worker received 35 physical therapy sessions to date. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. There is no documentation in the medical record demonstrating objective functional improvement. Consequently, absent clinical documentation demonstrating objective functional improvement and compelling clinical documentation indicating additional physical therapy over the recommended guidelines (12 sessions) is clinically indicated, physical therapy to the left shoulder, 12 sessions is not medically necessary.