MAXIMUS Federal Services

| Case Number: | CM15-0142349 | | |
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| Date Assigned: | 08/03/2015 | Date of Injury: | 06/03/2014 |
| Decision Date: | 08/31/2015 | UR Denial Date: | 07/07/2015 |
| Priority: | Standard | Application Received: | 07/22/2015 |

## 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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 40 year old male, who sustained an industrial injury on June 03, 2014. The injured worker reported sustaining injury to the left shoulder while trying to detain someone as part of his work duties. The injured worker was diagnosed as having superior glenoid labrum lesion, chronic left shoulder pain, and post-surgical left shoulder. Treatment and diagnostic studies to date has included physical therapy, status post left shoulder arthroscopy, home exercise program, and medication regimen. In a progress note dated June 23, 2015 the treating physician reports complaints of tight, stiff, sore pain and no strength to the left shoulder. Examination reveals tenderness on palpation to the left shoulder. The injured worker's pain level was rated a 2 on a scale of 0 to 10. The medical records provided noted that the injured worker had at least 29 sessions of physical therapy, but the documentation provided did not indicate if the injured worker experienced any functional improvement with the prior physical therapy. The treating physician requested additional physical therapy sessions to the left shoulder two times a week for three weeks for a total of 6 sessions, but the documentation provided did not indicate the specific reason for the requested therapy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical therapy to the left shoulder 2 times a week for 3 weeks 6 sessions total:**
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 of 127.

**Decision rationale:** This claimant was injured in 2014 with injury to the left shoulder. The diagnoses were superior glenoid labrum lesion, chronic left shoulder pain, and post-surgical left shoulder. As of June 2015, there was reported to be no strength to the left shoulder despite 29 sessions of physical therapy, but the documentation provided did not indicate if the injured worker experienced any functional improvement with the prior physical therapy. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. This request for more skilled, monitored therapy is not medically necessary.