

<b>Case Number:</b>	CM15-0145075		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	09/01/2009
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 60 year old female, who sustained an industrial injury on 09-01-2009. She has reported injury to the left shoulder. The diagnoses have included left shoulder pain; left shoulder adhesive capsulitis; strain of rotator cuff capsule; impingement syndrome of shoulder region; and status post arthroscopic left shoulder surgery, 2010, 2011, and 2013. Treatment to date has included medications, diagnostics, heat, ice, physical therapy, home exercise program, psychotherapy, and surgical intervention. Medications have included Ultram, Naproxen, Voltaren Gel, Zolpidem, and Prilosec. A progress report from the treating physician, dated 05-07-2015, documented a follow-up visit with the injured worker. The injured worker reported that her left shoulder is hurting; she has been attending formal physical therapy twice a week and does her home exercise program at least three times a week; physical therapy helps relieve her pain; and she currently takes Anaprox twice a day. Objective findings included active abduction of the left shoulder to 160 degrees and active forward flexion to 160 degrees, both with a painful arc of motion, abduction greater than forward flexion; marked scapulohumeral dysrhythmia noted on exam; she demonstrates an internal rotation contracture of approximately 25 degrees; and rotator cuff exam is 5 out of 5, except for the suprapinatus, which is 4 out of 5 with pain on isolation and loading. The treatment plan has included the request for physical therapy, left shoulder, 2 times weekly for 6 weeks, 12 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, Left Shoulder, 2 times wkly for 6 wks, 12 sessions: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Shoulder (Acute & Chronic) Physical therapy.

**Decision rationale:** The claimant has a history of a work injury occurring in September 2009 and continues to be treated for left shoulder pain. Treatments have included arthroscopic surgeries in 2010 and 2011 with extensive postoperative physical therapy. When seen, there was decreased shoulder range of motion with normal strength. Authorization for continued physical therapy was requested. As of 06/17/15 there had been completion of 23 additional sessions since the evaluation in January 2015. There had not been much improvement. The claimant is being treated for chronic pain with no new injury and has recently had physical therapy. Guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, despite more than 20 skilled treatments, there had been limited benefit. Compliance with a home exercise program would best suit this claimant's needs and could include use of TheraBands and a home pulley system for strengthening and range of motion. Providing the number of requested additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The request is not medically necessary.