

<b>Case Number:</b>	CM15-0149457		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	04/06/1999
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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, 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:

This 63 year old female sustained an industrial injury to the neck, shoulders, back and left knee on 4-6-99. Documentation indicated that previous treatment included right knee arthroscopy, left carpal tunnel release, left knee arthroscopy, right hip arthroplasty, spinal cord stimulator, chiropractic therapy and medications. Documentation did not disclose recent magnetic resonance imaging. In a PR-2 dated 6-19-15, the injured worker returned for evaluation. The injured worker's last visit with the physician had been on 3-14-12. The injured worker complained of worsening of neck, shoulder and upper extremity pain. The injured worker had difficulty doing any frequent work with her upper extremities due to weakness and pain. The injured worker had been using a walker for ambulation due to severe left hip pain and bilateral knee pain. The injured worker was currently on Tamoxifen for left breast cancer. Physical exam was remarkable for mild tenderness to palpation over the lumbar spine with decreased range of motion, limited range of motion of bilateral shoulders, positive impingement on the left, positive Tinel's and Phalen's tests with decreased grip strength and bilateral knees with tenderness to palpation over the joint lines with decreased flexion and positive bilateral McMurray's test. Current diagnoses included history of lumbar fusion, chronic lumbar pain with radiculopathy, history of spinal cord stimulator implantation, history of right hip arthroplasty, left hip bursitis, bilateral shoulder tendinosis with history of right shoulder arthroscopy, bilateral carpal tunnel syndrome with history of left carpal tunnel release, history of breast cancer, depression and anxiety. The treatment plan included 12 sessions of physical therapy for the left shoulder, chiropractic therapy for the neck, bilateral knees and shoulders and a prescription for Neurontin.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**12 physical therapy sessions for the left shoulder, 2x/week for 6 weeks as an outpatient:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Physical Medicine.

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.