

<b>Case Number:</b>	CM15-0160817		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	06/17/2014
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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:

This 51-year-old male sustained an industrial injury on 6-17-14. He subsequently reported left shoulder pain. Diagnoses include acromioclavicular sprain, strain, and sprain of shoulder and arm. The injured worker continues to experience left shoulder and upper arm pain. Upon examination, there is diffuse swelling and tenderness in the left shoulder and upper arm. Left shoulder range of motion is reduced. Hawkin's impingement sign is positive. The treating physician made a request for physical therapy to the left shoulder 2 times a week for 6 weeks.

### 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 2 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute and Chronic) Chapter, Physical Medicine Guidelines.

**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 TO THE LEFT SHOULDER 2 TIMES A WEEK FOR 6 WEEKS. Physical examination to the left shoulder on 07/17/15 revealed tenderness to palpation to the acromioclavicular joint and over the bicipital groove. Per 06/26/15 progress report, patient's diagnosis includes shoulder pain, and AC joint arthrosis. Patient is temporarily totally disabled. The MTUS Chronic Pain Management Guidelines, pages 98 and 99, Physical Medicine section, has the following: "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." The treater has not addressed this request; no RFA was provided either. The utilization review letter dated 08/11/15 modified the request to 10 sessions of physical therapy. In progress report dated 07/17/15, the treater states that the patient has failed 9 sessions of physical therapy. In this case, the treater has not explained why additional therapy is needed and why the patient cannot transition into a home based exercise program. Furthermore, the guidelines recommend up to 10 sessions of physical therapy and the requested 12 sessions, in addition to the previous 9 sessions exceeds what is allowed by MTUS. Therefore, the request IS NOT medically necessary.