

<b>Case Number:</b>	CM15-0166465		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	04/23/2015
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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, New York, 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 applicant is a represented 38-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of April 23, 2015. In a Utilization Review report dated August 17, 2015, the claims administrator partially approved a request for six additional sessions of physical therapy as four additional sessions of the same. The claims administrator referenced an RFA form received on August 10, 2015 and an associated July 31, 2015 office visit in its determination. Non-MTUS ODG Guidelines were invoked. The claims administrator contended that the applicant had received six prior physical therapy treatments. The applicant's attorney subsequently appealed. On August 21, 2015, the applicant reported ongoing complaints of shoulder pain status post recent subacromial injection. A rather proscriptive 10-pound lifting limitation was endorsed. The applicant was off of work as said limitation was not accommodated, the treating provider acknowledged. On August 7, 2015, 7-8/10 shoulder pain complaints were reported. The applicant was given the same, unchanged 10-pound lifting limitation. The applicant was off of work, it was acknowledged on this date. On July 31, 2015, the applicant reported ongoing complaints of shoulder pain. The same, unchanged, rather proscriptive 10-pound lifting limitation was, once again, imposed at this point. The claimant had received four weeks of physical therapy to date, it was reported, along with six acupuncture treatments. The claimant was on Flexeril and Naprosyn for pain relief, it was reported. 5/5 shoulder strength was appreciated with full shoulder range of motion evident. A subacromial injection and six additional physical therapy treatments were sought.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**6 additional physical therapy sessions for right shoulder (2x3): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

**Decision rationale:** No, the request for six additional sessions of physical therapy for the shoulder was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, i.e., the diagnoses reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the same, unchanged, rather proscriptive 10-pound lifting limitation was renewed on office visits of July 31, 2015, August 7, 2015 and August 21, 2015. The applicant was not working with said limitation in place, the treating provider acknowledged. The applicant remained dependent on analgesic medications to include Naprosyn and Flexeril. The applicant was not working with said 10-pound lifting limitation in place, the treating provider reported on multiple occasions. All of the foregoing, taken together, suggested that the claimant had in fact plateaued in terms of functional improvement measures established in MTUS 9792.20e following receipt of at least six prior sessions of physical therapy. It did not appear likely that the applicant would stand to gain from the additional physical therapy at issue. Therefore, the request was not medically necessary.