

<b>Case Number:</b>	CM15-0169170		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	07/03/2014
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

This is a 37 year old male with a date of injury of July 3, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for cervical sprain and strain, left shoulder sprain and strain, rule out internal derangement of the left shoulder, headache, improving contusion of the left elbow, and left shoulder contusion. Medical records (June 25, 2015) indicate that the injured worker complains of frequent left shoulder pain radiating to the left hand and fingers rated at a level of 7 out of 10. The documentation indicates that the injured worker's pain has improved since evaluation on April 12, 2015, when the pain was described as constant and was rated at a level of 8 out of 10. Records also indicate that the injured worker complained of sleep difficulties. Per the treating physician (June 25, 2015), the employee was on temporary total disability. The physical exam (June 25, 2015) reveals nonspecific tenderness of the left shoulder, moderate tenderness to palpation at the acromioclavicular joint, anterior labrum, supraspinatus, infraspinatus, bicipital group, and upper trapezius on the left, with increased findings since the evaluation on April 12, 2015. The examination also revealed positive Hawkins-Kennedy, Supraspinatus resistance test, impingement maneuver, Codman drop arm test and Apley's scratch test on the left shoulder. Decreased range of motion of the left shoulder was also noted and was unchanged since the prior examination. Treatment has included physical therapy for the left shoulder and cervical spine, medications, and electromyogram-nerve conduction velocity of the upper extremities (April 27, 2015) that showed normal findings. The original utilization review (July 31, 2015) non-certified a request for twelve sessions of physical therapy for the left shoulder.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy left shoulder 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, shoulder chapter.

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

**Decision rationale:** The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time (fading) should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted records indicated the worker was experiencing left shoulder pain that went into the hand with numbness and tingling, left elbow pain, and neck pain that went into the left arm with numbness and tingling. There was no discussion describing the reason therapist-directed physical therapy would be expected to provide more benefit than a home exercise program at or near the time of the request. In the absence of such evidence, the current request for twelve physical therapy sessions for the left shoulder is not medically necessary.