

<b>Case Number:</b>	CM15-0183418		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	08/13/2014
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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: 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 62-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of August 13, 2014. In a utilization review report dated August 17, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy for the shoulder. The claims administrator referenced a July 16, 2015 office visit and a July 31, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On said July 31, 2015 RFA form, 12 sessions of physical therapy were sought. The applicant had undergone earlier shoulder arthroscopy on December 17, 2014, it was reported. In an associated progress note dated July 17, 2015, the applicant reported ongoing complaints of shoulder pain with ancillary complaints of neck and knee pain. The applicant was then described as doing overall well. The applicant exhibited 140 degrees of shoulder forward elevation with 4/5 strength in some planes and intact motor function appreciated in other planes. A diagnostic shoulder ultrasound was performed in the clinic demonstrating a healed supraspinatus tendon repair procedure. The applicant was asked to continue physical therapy. The applicant's work status was not detailed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x6 left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

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

**Decision rationale:** No, the request for 12 additional sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The applicant was outside of the six-month postsurgical physical medicine treatment period establishing MTUS 9792.24.3 following earlier shoulder surgery of December 17, 2014 as of the date of the request, July 31, 2015. The MTUS Chronic Pain Medical Treatment Guidelines were/are therefore applicable. The 12-session course of treatment at issue, in and of itself, however, represented treatment in excess of the 9 to 10 session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. Both pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulate that an applicant should be instructed in or expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Here, the attending provider reported on July 16, 2015 that the applicant was doing well. The applicant exhibited relatively well-preserved shoulder range of motion and shoulder strength, it was suggested on that date. It was not clearly stated, in short, why the applicant could not transition to self-directed, home-based physical medicine without the lengthy formal course of physical therapy at issue, as suggested on pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.