

<b>Case Number:</b>	CM15-0185890		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	04/05/2011
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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, Hawaii

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:

The 35 year old male injured worker suffered an industrial injury on 4-5-2011. The diagnoses included right shoulder impingement with labral tear, rotator cuff tendinosis and joint arthrosis. On 8-7-2015 the treating provider reported he had right shoulder pain and that it pops and locks. The provider noted he had not had any physical therapy or shoulder injections directed at the shoulder with the pain rated 7 out of 10. The current medications were Soma, MS Contin, Norco, Naprosyn and Lidoderm. On exam he had range of motion deficits with pain and tenderness over the AC joint. There was a positive Speed test. Diagnostics included 10-7-2014 shoulder magnetic resonance imaging supraspinatus and infraspinatus tendinosis, an anterior labral tear and some mild effacement of the rotator cuff. Request for Authorization date was 8-20-2015. The Utilization Review on 8-28-2015 determined modification for Physical therapy, 2 times weekly for 6 weeks, 12 sessions to 4 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, 2 times weekly for 6 weeks, 12 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The patient presents with right shoulder pain with popping and locking. The current request is for Physical Therapy, 2 times weekly for six weeks, 12 sessions. The treating physician states, in a report dated 09/22/15, "I have discussed therapy with him and recommend that he continue with physical therapy emphasizing range of motion and gradual progressive strengthening " He is referred for additional Physical Therapy. (19B) MTUS recommends for myalgia, myositis, and neuritis-type symptoms, 9 to 10 sessions over 8 weeks. In this case, the treating physician, based on the records available for review, has failed to show why 12 sessions of PT are necessary when the guidelines recommend no more than 8-10. A UR decision letter modified the request to certify 4 PT sessions. The current request is not medically necessary.