

<b>Case Number:</b>	CM15-0190484		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	04/18/2011
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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:

The injured worker is a 62 year old male, who sustained an industrial injury on 4-18-11. The injured worker is diagnosed with shoulder degenerative joint disease and osteoarthritis of the shoulder. Notes dated 6-10-15 and 9-10-15 reveals the injured worker presented with complaints of bilateral shoulder (left greater than right) and bilateral hip pain. His pain is rated at 4-8 out of 10 (activity dependent). Physical examinations dated 8-6-15 and 9-10-15 revealed tenderness at the bilateral "anterolateral acromion and bicipital groove" and left anterior deltoid. He experiences pain with shoulder range of motion bilaterally and the impingement sign is positive on the right. The left shoulder range of motion on 6-23-15 was; forward flexion 130 degrees, external rotation 45 degrees and internal rotation to the gluteals 6-23-15 and forward flexion 110 degrees, external rotation 50 degrees and internal rotation to the gluteals on 9-10-15. Treatment to date has included subacromial injection did not provide relief per note dated 9-10-15 and a left intra-articular injection provided minimal relief per note dated 8-6-15. His work status is temporary total disability. A request for authorization dated 9-10-15 for physical therapy times 8 sessions for the left shoulder is denied, per Utilization Review letter dated 9-21-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy times 8 for the left shoulder:** 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:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status, remaining off work. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic 2011 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy times 8 for the left shoulder is not medically necessary and appropriate.