

<b>Case Number:</b>	CM15-0191852		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	07/14/2015
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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 61 year old male, who sustained an industrial injury on 7/14/2015. The medical records indicate that the injured worker is undergoing treatment for bilateral rotator cuff tendonitis, rule out internal derangement of the bilateral shoulders, and bilateral upper trapezius strain. According to the progress report dated 9-3-2015, the injured worker presented with complaints of persistent pain in the bilateral shoulders, right greater than left. The level of pain is not rated. The physical examination of the bilateral shoulders reveals tenderness to palpation over the greater tubercle and posterior sulcus, flexion and abduction at 170 degrees, and positive empty can, Neer's, and Hawkin's test. The current medications are Norflex and Relafen. Previous diagnostic testing includes MRI studies. Treatments to date include medication management and 9 physical therapy sessions. The treating physician noted that "PT is not working". The PT progress note dated 9-15-2015 stated the "patient is progressing as expected. Initial pain value was 8 out of 10. Today's pain value 6 out of 10". Work status is described as "return to full duty". The original utilization review (9/15/2015) had non-certified a request for 9 additional physical therapy sessions to the bilateral shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a week for 3 weeks for bilateral shoulders: Upheld**

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

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

**Decision rationale:** The patient was injured on 07/14/15 and presents with pain in his bilateral shoulders. The request is for PHYSICAL THERAPY 3 TIMES A WEEK FOR 3 WEEKS FOR BILATERAL SHOULDERS. The RFA is dated 08/28/15 and the patient is to return to full work duty on 09/03/15 with no limitations or restrictions. The patient has had prior physical therapy, as the 09/03/15 treatment report requests for the patient to continue additional PT 3 x 3. MTUS Guidelines, Physical Medicine, pages 98 and 99 have the following: Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The patient is diagnosed with bilateral rotator cuff tendonitis, rule out internal derangement of the bilateral shoulders, and bilateral upper trapezius strain. There is no indication of any recent surgery the patient may have had. It appears that the patient has had prior physical therapy sessions; however, there is no indication of how these sessions impacted the patient's pain and function, how many sessions the patient had in total, or when these sessions occurred. Given the absence of documentation of functional improvement as defined and required by MTUS Guidelines, additional sessions of physical therapy cannot be reasonably warranted as the medical necessity. Furthermore, the requested 9 sessions of physical therapy exceeds what is recommended by MTUS guidelines. The request IS NOT medically necessary.