

<b>Case Number:</b>	CM15-0192888		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	10/02/2014
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 57 year old male sustained an industrial injury on 10-2-14. Documentation indicated that the injured worker was receiving treatment for chronic right shoulder impingement with adhesive capsulitis and lumbar myofascial pain. Previous treatment included physical therapy, injections, transcutaneous electrical nerve stimulator unit, lumbar orthotic and medications. In a supplemental report dated 3-19-15, the physician stated that the injured worker had undergone a physical therapy program but "due to diminishing range of motion he elected to abort the treatment because it was painful". In an initial physical therapy evaluation dated 6-10-15, the injured worker complained of right shoulder pain and dysfunction and low back pain. The injured worker was unable to use the right upper extremity for household, functional activities and mimicking work activities. Physical exam was remarkable for right shoulder range of motion: flexion 85 degrees, abduction 75 degrees, external rotation 15 degrees with intact strength and mild tenderness to palpation. In a PR-2 dated 8-3-15, the injured worker complained of right shoulder pain, rated 9 out of 10 on the visual analog scale. Physical exam was remarkable for right shoulder with tenderness to palpation, range of motion: flexion 120 degrees, abduction 120 degrees, positive impingement signs, positive Jobe test and atrophy of the right deltoid musculature. The treatment plan included requesting authorization for additional physical therapy twice a week for four weeks for the right shoulder. In a PR-2 dated 8-24-15, the injured worker complained of right shoulder pain, rated 9 out of 10 on the visual analog scale. Physical exam was remarkable for tenderness to palpation to the right shoulder with range of motion: flexion 70 degrees, abduction 70 degrees, internal and external rotation 40 degrees,

positive impingement signs and atrophy of the right deltoid muscles. The treatment plan included twelve sessions of physical therapy for the right shoulder, request right arthroscopic subacromial decompression and debridement and extracorporeal shockwave therapy. On 9-23-15, Utilization Review noncertified a request for twelve sessions of physical therapy for the right shoulder.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy x 12 for the right shoulder:** Upheld

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

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

**Decision rationale:** Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for additional physical therapy visits in this individual with chronic pain. Therefore, the request is not medically necessary.