

<b>Case Number:</b>	CM15-0195333		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	07/06/2015
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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 47 year old male who sustained an industrial injury on 7-6-2015. A review of medical records indicates the injured worker is being treated for thoracic spine sprain strain and left scapular-upper limb girdle sprain strain. Medical records dated 9-11-2015 noted the thoracic spine and left shoulder were a 100% better with no pain. Pain is made better with physical therapy and made worse with pulling and twisting. Left shoulder was rated a 0 out of 10 with no pain. Range of motion was decreased and worse with sleeping on it. Pain was made better with physical therapy, topicals, and medications. Physical examination noted left shoulder flexion was at 150 degrees, extension at 50 degrees, adduction at 40 degrees, abduction at 45 degrees, internal rotation 80 degrees, and external rotation at 85 degrees. Thoracic spine was negative to tenderness to palpation. Treatment has included medications and 5 sessions of physical therapy. Utilization review form noncertified 8 additional outpatient physical therapy for the left upper limb girdle (including home exercises) 2 sessions per week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 additional outpatient physical therapy for the left upper limb girdle (including home exercises), 2 sessions per week for 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004.

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

**Decision rationale:** The patient presents with follow up on left shoulder and T/S. T/S is 100% better, no pain. Left shoulder 0/10, no pain. Range of motion is decreased. Better with physical therapy, topicals and medications. The request is for 8 additional outpatient physical therapy for the left upper limb girdle (including home exercises), 2 sessions per week for 4 weeks. The request for authorization is dated 09/15/15. Patient's diagnoses include T/S sprain/strain; left scapular/upper limb girdle sprain/strain. Physical examination of the left shoulder reveals: flex 150, ext 50, adduction 40, abduction 45, internal rotation 80, external rotation 85, negative impingement sign, negative apprehension test. Advised patient to ice/heat and topicals. Continue medications as previously prescribed. Per progress report dated 09/11/15, the patient is returned to modified work. MTUS, Physical Medicine Section, pages 98, 99 states: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 09/11/15, treater's reason for the request is "to decrease pain and increase range of motion." Given the patient's diagnosis, a short course of physical therapy would appear to be indicated. However, per progress report dated 08/07/15, treater states, "He has completed 5/8 physical therapy sessions which patient states they help with decrease of pain and increase range of motion." In this case, the request for 8 additional sessions of physical therapy would exceed what is recommended by MTUS for non post-op conditions. Therefore, the request IS NOT medically necessary.