

<b>Case Number:</b>	CM15-0198472		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	06/04/2015
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a [REDACTED] beneficiary who has filed a claim for shoulder pain reportedly associated with an industrial injury of June 4, 2015. In a Utilization Review report dated September 16, 2015, the claims administrator failed to approve a request for 6 sessions of physical therapy for the shoulder. The claims administrator referenced a September 4, 2015 office visit in its determination. The applicant subsequently appealed. On said September 4, 2015 office visit, the applicant reported ongoing complaints of shoulder pain, mild; it was stated in one section of the note. In another section of the note, the applicant's pain complaints were scored at 7/10. It was suggested that the applicant was working with restrictions in place. The applicant exhibited 170 degrees of shoulder flexion and abduction with negative impingement testing. Tenderness about the trapezius musculature and pain-limited strength testing were appreciated. Six sessions of physical therapy were sought. The attending provider then stated toward the bottom of the note that the applicant was "not 50% improved in function" when contrasted against the first visit. Additional treatment was nevertheless sought. The applicant was given a 25-pound lifting limitation and asked to consult an orthopedist. On July 9, 2015, the same, unchanged, 25-pound lifting limitation was endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3x week x 2 weeks 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 General Approaches 2004, Section(s): Initial Approaches to Treatment, and Shoulder Complaints 2004, Section(s): Initial Care.

**Decision rationale:** No, the request for 6 sessions of physical therapy for the shoulder was not medically necessary, medically appropriate, or indicated here. The 6-session course of treatment at issue, in and of itself, represented treatment in excess of the initial and follow-up visits suggested in the MTUS Guideline in ACOEM Chapter 9, Table 9-3, page 204 for education, counseling, and evaluation of home exercise transition purposes. The MTUS Guideline in ACOEM Chapter 3, page 48 further stipulates that the value of physical therapy increases with a prescription for treatment which "clearly states treatment goals." Here, however, clear treatment goals were neither stated nor formulated. The attending provider's September 4, 2015 office visit suggested that the applicant had plateaued with earlier physical therapy. The applicant was described as not significantly improved since the first visit. The applicant was asked to consult an orthopedic surgeon. A 25-pound lifting limitation was renewed on this date, seemingly unchanged from prior visit. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim through the date of the request. Therefore, the request for an additional 6 sessions of physical therapy was not medically necessary.