

<b>Case Number:</b>	CM15-0199660		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	01/17/2011
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 is a 60 year old female with a date of injury of January 17, 2011. A review of the medical records indicates that the injured worker is undergoing treatment for mild left rotator cuff impingement. Medical records (August 26, 2015) indicate that the injured worker complained of pain in the lateral left deltoid area. The report also indicates that the injured worker was not doing any home exercises or taking any medications. Per the treating physician (August 26, 2015), the employee was working full duty with ten minute breaks twice a day for shoulder exercises. The physical exam (August 26, 2015) reveals tenderness at the left acromioclavicular joint, decreased range of motion of the left shoulder, pain with abduction and external rotation, positive impingement sign, and normal motor and sensory testing. Treatment has included x-rays of the left shoulder (date not documented) that showed a type I acromion and excision of the distal clavicle. The original utilization review (September 4, 2015) non-certified a request for four sessions of physical therapy for the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy once a week for four weeks for the left 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 therapy once a week for four weeks for the left shoulder is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation is not clear on how much prior PT the patient has had for the shoulder or why they patient is not well versed in a home exercise program. There are no extenuating factors which would necessitate 4 supervised therapy visits therefore this request is not medically necessary.