

<b>Case Number:</b>	CM15-0202746		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	10/07/2013
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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:

The injured worker is a 51 year old female, who sustained an industrial injury on 10-7-13. The injured worker was diagnosed as having disorder of bursa of the shoulder region. Treatment to date has included left shoulder subacromial decompression with distal clavicle excision in April 2014, at least 6 physical therapy sessions, a home exercise program, and Ibuprofen. Physical examination findings on 9-10-15 included left shoulder range of motion within normal limits. Hawkin's test and impingement sign was positive on the left. Tenderness to palpation of the left shoulder was noted in the acromial and bicipital groove. Tenderness was also noted in the supraspinatus, infraspinatus, trapezius, and levator scapulae. The most recent physical therapy report was dated 9-10-15. On 9-10-15, the injured worker complained of left shoulder pain. On the treating physician requested authorization for additional physical therapy for the left shoulder x6. On 9-29-15 the request was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional PT 6 Visits 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:** Additional PT 6 Visits 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 indicates that the patient has had prior PT for the shoulder. The patient should be versed in a home exercise program. There are no extenuating factors on physical examination which would necessitate 6 more supervised therapy visits therefore this request is not medically necessary.