

<b>Case Number:</b>	CM15-0203821		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	05/10/2013
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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 58 year old male, who sustained an industrial injury on May 10, 2013. The injured worker was currently diagnosed as status post right shoulder arthroscopy with mumford resection and left shoulder impingement syndrome-acromioclavicular joint arthrosis. On August 24, 2015, the injured worker complained of persistent shoulder pain rated as a 4 on a 1-10 pain scale. His pain is aggravated by forward reaching, lifting, pushing, pulling and working at or above shoulder level. Physical examination of the bilateral shoulders revealed tenderness at the shoulders anteriorly. There was pain with terminal motion with limited range of motion and residual weakness. He indicated that his last prescription for physical therapy only included two sessions. On the day of exam, he reported making progress with a course of therapy. The treatment plan included an MRI of the bilateral shoulders, medications and additional physical therapy for the bilateral shoulders. On October 12, 2015, utilization review denied a request for eight sessions of physical therapy to the bilateral shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Sessions of PT to Bilateral Shoulder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** 8 Sessions of PT to Bilateral Shoulder is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that the patient has had up to 42 therapy sessions certified since his shoulder surgery in September of 2014. The MTUS recommends up to 10 visits for this condition. There are no extenuating factors documented which would necessitate 10 more supervised therapy visits as the patient should be well versed in a home exercise program. This request is not medically necessary.