

<b>Case Number:</b>	CM15-0204067		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	06/10/2014
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/28/2015
<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 65 year old male who sustained an industrial injury on 06-10-2014. According to a progress report dated 09-04-2015, the injured worker was status post left shoulder rotator cuff surgery repair (May 2015) that was done "three and a half months ago". He had done about 12 sessions of physical therapy and had 1 session remaining. They were currently trying to do some band exercises to help with his home exercise program. He had some limitations with his hands. This appeared to be due to problems with swelling and possibly gout. This was being addressed through his primary care doctor. The injured worker reported the new onset of new pain radiating from the left shoulder down the left arm and into the four and fifth fingers of the left hand. This started after the surgery and was described as a sharp pain. The provider noted that the injured worker appeared to have fairly good range of motion at his left shoulder during the assessment and appeared to be almost symmetric to the right shoulder. Movement of the shoulder was associated with pain symptoms. On palpation of the shoulder, the shoulder joint itself was exquisitely tender and there was a painful large trigger point around the lateral trapezius muscle. There appeared to be residual weakness in the left arm as well. There were no sensory deficits in the left arm. Diagnoses included spinal stenosis of lumbar region, lumbosacral spondylosis without myelopathy and disorder of rotator cuff. The provider noted that it appeared that the surgeon was no longer following the injured worker after completing the 12 sessions of postoperative physical therapy. Functional activities remained limited and the injured worker reported significant weakness in the left shoulder. Limitations included getting dressed, bathing and going to the bathroom. He was experiencing signs of cervical radiculopathy. The treatment

plan included Gabapentin and a physical therapy referral. On 09-28-2015, Utilization Review non-certified the request for physical therapy for the left shoulder and lumbar spine x 6.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy to the left shoulder and lumbar spine x6:** 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 to the left shoulder and lumbar spine x 6 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends a transition from supervised therapy sessions to an independent home exercise program. The documentation indicates that the patient has had completed shoulder post operative PT. The patient should be well versed in a home exercise program for the shoulder. It is unclear how many prior low back therapy sessions the patient has had or the outcome. It appears that the patient has cervical radicular symptoms. There are no extenuating factors which would necessitate 6 more supervised therapy visits for the left shoulder and lumbar spine therefore this request is not medically necessary.