

<b>Case Number:</b>	CM15-0204133		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	05/21/2013
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/09/2015
<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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 60 year old female who sustained an industrial injury on 05-21-2013. A review of the medical records indicated that the injured worker is undergoing treatment for left shoulder impingement and adhesive capsulitis. The injured worker is status post arthroscopy left shoulder elbow biceps tendinosis, anterior capsule release and manipulation in 01-20- 2015. According to the treating physician's progress report on 09-23-2015, the injured worker continues to experience stiffness, soreness and pain to the left shoulder rated as 5 out of 10 on the pain scale. No objective findings were documented. According to the treating physician's progress report on 08-12-2015 the examination demonstrated tenderness and stiffness over the anterior aspect of the left shoulder. X-rays were taken and noted no increase of osteoarthritis. At this point, the injured worker had completed 2 of the additional 12 sessions of physical therapy and her pain was rated at 4 out of 10 on the pain scale. Prior treatments have included diagnostic testing, cortisone injections, surgery, physical therapy (at least 14 post-operative sessions completed as of 08-12-2015), home exercise program, ice, heat compressions, transcutaneous electrical nerve stimulation (TENS) unit and medications. Current medication was noted as Tramadol. Treatment plan consists of continuing heat compressions at home and on 10-05-2015, the provider requested physical therapy 3 times a week for 4 weeks. On 10-09-2015, the Utilization Review modified the request for physical therapy three times a week for 4 weeks to physical therapy for 4 additional sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 x 4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Shoulder.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

**Decision rationale:** The patient presents with continued stiffness, soreness and pain to the left shoulder rated as 5 out of 10 on the pain scale. The current request is for Physical therapy 3 x 4. The treating physician states, in a report dated 09/23/15, "On examination today, I am requesting authorization for additional physical therapy sessions of 3 times a week for 4 weeks to increase range of motion and improve strengthening to the left shoulder. Patient remains symptomatic and needs to continue with supervised therapy to help address her residuals." (195B) The PSTG guidelines state, "Postsurgical treatment: 24 visits over 14 weeks." A UR decision letter dated 10/28/15 notes 20 prior sessions of post-surgical physical therapy and has certified only an additional 4 treatments. In this case, the patient has received 20 sessions of PT post surgically and has been authorized for 4 additional sessions. The MTUS PSTG recommend a total of 24 and this request would exceed the guideline recommendations. The current request is not medically necessary.