

<b>Case Number:</b>	CM15-0208169		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	07/14/2010
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 54 year old male who sustained an industrial injury on 07/14/2010. Medical records indicate the injured worker is being treated for right and left shoulder injuries. In the provider notes of 10/05/2015 the injured worker is status bilateral shoulder arthroscopic surgeries. He complains of left shoulder pain. He recently completed physical therapy with a beginning improvement of strength and range of motion. He continues to have numbness and tingling in his hands, left worse than right. On physical examination, his right shoulder has well healed arthroscopic portal holes on the lateral and posterior aspect of the shoulder. The anterior shoulder is tender to palpation, and range of motion is restricted. The left shoulder also has well healed arthroscopic surgery portal holes and is tender to palpation with restricted range of motion. Bilateral wrists have positive Tinel's sign and Phalen's test. Sensation is reduced in bilateral median nerve distribution and grip strength is reduced bilaterally. Medications include Omeprazole, Hydrocodone, and Naproxen. The treatment plan is to request an additional full course of physical therapy with the intention if continuing to improve his range of motion. The worker is on temporary total disability. A request for authorization was submitted for Physical therapy 3x4 to bilateral shoulders. A utilization review decision 10/13/2015 modified the request to approve physical therapy 2x2 for the bilateral shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3x4 to bilateral shoulders: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Physical therapy.

**Decision rationale:** The injured worker sustained a work related injury on 07/14/2010. The medical records provided indicate the diagnosis of bilateral shoulder strain, recurrent dislocations. Treatments have included surgery, arthroscopy, physical therapy Omeprazole, Hydrocodone, and Naproxen. The medical records provided for review do not indicate a medical necessity for Physical therapy 3x4 to bilateral shoulders. The medical records indicate the injured worker may recently have re-torn his rotator cuff in the course of physical therapy; nevertheless, the injured worker completed the course of physical therapy. The Injured worker has been requested for MR arthrogram, but there was no subsequent documentation of the outcome if the request for MR arthrogram. Based on the chronicity of the injury, the appropriate guidelines is the MTUS physical Medicine guidelines, which recommends a fading treatment of 8-10 visits over 4-8 weeks followed by home exercise treatment. However, considering the injured worker is suspected to have sustained another tear of his rotator cuff, it will appropriate to use the Official Disability guidelines recommendation of 20 visits over 10 weeks, if the repeat tear is confirmed. Therefore, pending the confirmation of the repeat tear, the requested treatment is not medically necessary considering the injured worker has completed a course of therapy; besides the number exceeds the MTUS guidelines recommendation of a maximum of 10 visits for chronic musculoskeletal injuries.