

<b>Case Number:</b>	CM15-0023501		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	07/17/2013
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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

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 64-year-old male who reported an injury on 07/17/2013. The mechanism of injury was due to lifting. His diagnoses include disorders of the bursa and tendons in the shoulder region. Past treatments were noted to include surgery, physical therapy, and medications. On 12/17/2014, the injured worker complained of left shoulder pain. He also stated that the pain and symptoms have remained the same, although he is undergoing current physical therapy. The physical examination of the left shoulder revealed passive range of motion with flexion at 65 degrees, extension is 25 degrees, abduction at 65 degrees, adduction at 25 degrees, internal rotation at 45 degrees, and external rotation at 55 degrees. The injured worker was indicated to have a positive impingement test, with tenderness over the greater tuberosity on the left, subacromial grinding and clicking, had extreme difficulty with shoulder movement. His relevant medications were noted to include Norco 10/325 mg. The treatment plan included 12 physical therapy for the left shoulder for strength training, increasing range of motion, and decreasing pain. A Request for Authorization form was not submitted. A rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical Therapy Visits for The Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** The request for 12 physical therapy visits for the left shoulder is not medically necessary. According to the CA MTUS guidelines, physical medicine may be recommended in the treatment of unspecified neuralgia, neuritis, and radiculitis at 8-10 visits over 4 weeks in order to promote functional improvement. The injured worker was indicated to be participating in current physical therapy. However, there was lack of documentation to specify the number of sessions completed to date. There was also lack of documentation from physical therapy notes to indicate objective functional improvement, along with education and implementation into a home exercise program. Based on the above, the request is not supported by the evidence based guidelines. Furthermore, the request as submitted would exceed the number of sessions recommended by the guidelines. As such, the request is not medically necessary.