

<b>Case Number:</b>	CM15-0212342		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	05/05/2013
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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: Emergency 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 39 year old male who sustained an industrial injury on 5-5-13. A review of the medical records indicates that the worker is undergoing treatment for bilateral shoulder pain with previous history of superior labral anterior and posterior repair, and right shoulder keloid. Subjective complaints (10-1-15) include bilateral shoulder pain with a reported increase in pain level since the last visit and a decrease in activity level. Pain (10-1-15) is rated with medications as 8 out of 10 and without medications as 9 out of 10. Pain (9-3-15) is rated as 7 out of 10 with medications and 9 out of 10 without medications. Objective findings (10-1-15) include trigger point with radiating pain and twitch response on palpation at the trapezius muscle right and left, right shoulder restricted internal rotation behind the body limited to 70 degrees, negative Neer, Hawkins, Empty cans, shoulder crossover, belly press, lift off tests, and Jobe's noted, dysethesias over the shoulder on the right side, and there is tenderness in the glenohumeral joint. Current medication is Nucynta and Zanaflex. MRI of the right shoulder (6-24-15) was noted as significant for superior labral anterior and posterior tear. Work status is reported as working full time with restrictions. Previous treatment includes left and right shoulder surgery (2014), "stem electrolysis", over 50 sessions of physical therapy noted, massage therapy, (the worker reports these have not alleviated the pain but would like to try physical therapy again), medication, Cortisone injections and transcutaneous electrical nerve stimulation. The requested treatment of physical therapy 12 sessions two times a week for 6 weeks right shoulder was non-certified on 10-22-15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 12 sessions (two times a week for six weeks) right shoulder:** 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:** The requested Physical therapy 12 sessions (two times a week for six weeks) right shoulder, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has bilateral shoulder pain with a reported increase in pain level since the last visit and a decrease in activity level. The treating physician is past the post-op period. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program, nor the medical necessity for a current therapy trial beyond six sessions and then re-evaluation. The criteria noted above not having been met, Physical therapy 12 sessions (two times a week for six weeks) right shoulder is not medically necessary.