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| <b>Case Number:</b>   | CM15-0214487 |                              |            |
| <b>Date Assigned:</b> | 11/04/2015   | <b>Date of Injury:</b>       | 10/02/2014 |
| <b>Decision Date:</b> | 12/22/2015   | <b>UR Denial Date:</b>       | 10/07/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/30/2015 |

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

This injured worker is a 54 year old female, who sustained an industrial injury on 10-02-2014. The injured worker was diagnosed as having left shoulder high grade partial tear. On medical records dated 01-16-2015 and 09-18-2015, (note was hand written and difficult to decipher), the subjective complaints were noted as left shoulder. Pain was rated as 2 out of 10. Noted to have clicks, pops, weak and cannot sleep over it. Objective findings were noted as a positive Jobs test and decreased internal rotation and abduction. Full range of motion was noted at elbow, wrist and hand. Treatment to date included treatment unknown number of completed sessions of physical therapy. Current medications were not listed on 09-18-2015. The Utilization Review (UR) was dated 10-17-2015. A Request for Authorization was dated 09-18-2015. The UR submitted for this medical review indicated that the request for 8 sessions of physical therapy for left shoulder was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 sessions of physical therapy for left 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 MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted records indicated the worker was experiencing shoulder pain with weakness and problems sleeping. There was no discussion describing the reason therapist-directed physical therapy would be expected to provide more benefit than a home exercise program at or near the time of the request. In the absence of such evidence, the current request for eight physical therapy sessions for the left shoulder done with an unspecified frequency is not medically necessary.