

<b>Case Number:</b>	CM15-0215601		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	11/27/1995
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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 53 year old male, who sustained an industrial injury on 11-27-1995. The injured worker was being treated for L4-5 lateral recess stenosis, right greater than left L5 radiculopathy, right knee degenerative joint disease, and left knee mild degenerative joint disease. Treatment to date has included diagnostics and medications. On 9-11-2015, the injured worker complains of intermittent left shoulder pain, not rated, constant low back pain with radiation down the anterior thighs and shins, and bilateral knee pain. He reported difficulty with activities of daily living. Physical exam of the shoulders noted normal contour, no appreciable swelling or atrophy over the bilateral shoulders, and positive impingement sign on the left. X-rays of the left shoulder (5-04-2015) were documented as showing moderate to severe glenohumeral narrowing. He was scheduled for a right total knee replacement on 10-20-2015. His left shoulder (subacromial space) was injected with Celestone and Marcaine. The treatment plan included post-injection physical therapy for the left shoulder. He was prescribed a Medrol dose pack. His work status was permanent and stationary. On 9-28-2015 Utilization Review modified a request for physical therapy for the left shoulder, 2x3, to physical therapy to the left shoulder x2, to include home exercise program education.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 3 weeks for the left shoulder:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, PT/Impingement syndrome, post injection.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The patient presents on 09/11/15 with bilateral knee pain rated 6/10, lower back pain rated 7-9/10 which radiates into the bilateral lower extremities, and intermittent unrated left shoulder pain. The patient's date of injury is 11/27/95. The request is for physical therapy 2 times a week for 3 weeks for the left shoulder. The RFA is dated 09/11/15. Physical examination dated 09/11/15 reveals positive impingement sign in the left shoulder and decreased sensation in the bilateral L4 and L5 dermatomal distributions, with positive straight leg raise test noted bilaterally. The patient is currently prescribed Medrol. Patient is currently classified as permanent and stationary. MTUS Guidelines, Physical Medicine Section, pages 98, 99 has the following: "recommended as indicated below. Allow for fading of treatment frequency, from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In regard to the 6 sessions of physical therapy for this patient's ongoing shoulder pain, the request is appropriate. Progress note dated 09/11/15 indicates that this series of physical therapy is being requested following a steroid injection to the left shoulder. MTUS guidelines allow up to 10 sessions of physical therapy for complaints of this nature, and there is no evidence in the records provided that this patient has undergone any PT for his left shoulder. Given this patient's ongoing pain in the affected extremity and the lack of PT to date, a course of six sessions falls within MTUS guideline recommendations and could produce functional benefits. Therefore, the request is medically necessary.