

<b>Case Number:</b>	CM15-0216432		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	08/07/2007
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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, Hawaii  
 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 55 year old male with a date of injury on 08-07-2007. The injured worker is undergoing treatment for impingement syndrome of the left and right shoulder. He has an additional diagnosis of Parkinson's. A physician progress note dated 10-05-2015 documents the injured worker complains of bilateral deltoid pain, worse on the right. He experienced an increase in his shoulder pain approximately two weeks ago when he was carrying groceries in both hands. He has been treating himself with Motrin, ice and home exercise without success. He was last seen on 03-19-2015. An unofficial Magnetic Resonance Imaging revealed degenerative change of the glenoid and postoperative changes of the rotator cuff. He was instructed to continue with the use of Motrin and home exercises. Surgery was not recommended at that time. There is tenderness to the acromioclavicular joint of the right shoulder. Right shoulder range of motion is 180-90-80 with pain. There is pain and weakness with abduction strength testing. Impingement test is positive. Motor and sensory exam is normal. The left shoulder has acromioclavicular joint tenderness. Range of motion is 180-90- and 80 without pain or guarding. Impingement test is negative. Right shoulder x ray showed four anchors in the glenoid consistent with labral repair, type II acromion, excision of the distal clavicle and glenohumeral joint space narrowing. An unofficial Magnetic Resonance Imaging report of the right shoulder revealed postoperative change and glenohumeral arthritis. It was recommended he try a course of non-operative management including therapy, home exercises, and Motrin. If his symptoms persist he may benefit from a cortisone injection of either shoulder. Surgical treatment is not indicated at this time. Treatment to date has included diagnostic

studies, medications, use of ice, physical therapy; status post left shoulder surgery on 10-08-08 and status post three surgeries on the right shoulder. Current medications include Motrin, Carbidopa and Lexapro. The Request for Authorization dated 10-09-2015 includes Physical Therapy 2x6 Bilateral Shoulders. On 10-16-2015 Utilization Review non-certified the request for Physical Therapy 2x6 Bilateral Shoulders.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Physical Therapy 2x6 Bilateral Shoulders: 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 patient presents with pain affecting the bilateral shoulders. The current request is for Physical Therapy 2x6 Bilateral Shoulders. The treating physician report dated 10/5/15 (63B) states, "I gave him written information on treatment of impingement syndrome. I recommend he try a course of non-operative management including therapy, home exercises, and Motrin." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue with a home exercise program. The medical reports provided show the patient has received prior physical therapy for the bilateral shoulders. The patient is status post right shoulder surgery on 11/5/13 and is no longer within the postsurgical treatment period established by the MTUS-PSTG. In this case, the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.