

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0217746 |                              |            |
| <b>Date Assigned:</b> | 11/09/2015   | <b>Date of Injury:</b>       | 07/02/2013 |
| <b>Decision Date:</b> | 12/28/2015   | <b>UR Denial Date:</b>       | 10/26/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/05/2015 |

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 is a 71 year old male patient, who sustained an industrial injury on 7-2-2013. The diagnoses include pain in joint shoulder region and muscle weakness. Per the doctor's note dated 10/12/15, he had weak external rotation. Physical therapy exam dated 10-12-2015 revealed "neurologically the patient is intact and the pain is gone", forward elevation excellent, still with weak external rotators. Per the PT notes dated 10-22-2015, he had complains of left shoulder weakness, stiffness and pain with tingling in the hand. Pain was rated 4 out of 10 with 7 out of 10 at worst and 2 out of 10 at best. The current medications list is not specified in the records provided. Treatment to date has included multiple surgeries including left shoulder reverse arthroplasty on 4/30/15, medication, home exercise program (HEP) rest, ice, heat and at least 30 physical therapy sessions. The treating physician on 10-22-2015 indicates the patient is retired and not working. The original utilization review dated 10-26-2015 indicates the request for physical therapy 2 X 6 left shoulder is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x6 Left Shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Physical Therapy 2x6 Left Shoulder. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided the patient had at least 30 physical therapy visits for this injury. The requested additional visits in addition to the previously rendered physical therapy sessions are more than recommended by the cited criteria. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical Therapy 2x6 Left Shoulder is not established for this patient at this time. The request is not medically necessary.