

<b>Case Number:</b>	CM15-0038621		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	04/23/2012
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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 40-year-old male, who sustained a work related injury on 4/23/12. He lost control of vehicle while trying to avoid an animal. He rolled over 2 to 3 times. The diagnoses have included severe fracture left Glenoid neck/scapula with displacement, healed fracture of left humeral head and left adhesive capsulitis. Treatments to date have included left shoulder x-rays dated 3/18/14 and previous 12 session of physical therapy. In the PR-2 dated 1/15/15, the injured worker complains of increasing pain in left shoulder. He complains of stiffness in left shoulder. He states cold weather makes pain worse. He has tenderness to palpation of left shoulder joint. He has decreased range of motion in left shoulder. He has some weakness in left shoulder. The requested treatment for Independent Medical Review is physical therapy to left shoulder 2x/week for 4 weeks. On 1/29/15, Utilization Review non-certified a request for physical therapy to left shoulders 2x/week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy (duration and frequency unspecified): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** The patient presents with worsening left shoulder pain and stiffness. The patient's date of injury is 04/23/12. Patient has no documented surgical history directed at this complaint. The request is for PHYSICAL THERAPY - DURATION AND FREQUENCY UNSPECIFIED. The RFA is dated 08/22/14. Physical examination dated 01/13/15 reveals tenderness to palpation of the left shoulder and decreased range of motion, especially on forward flexion, and weakness of the extremity. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Per 01/13/15 progress note, patient is advised to remain off work until next visit. MTUS pages 98, 99 has the following: "Physical Medicine: 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 request for additional physical therapy sessions for the management of this patient's chronic pain, the treater has specified an excessive number of sessions. Documentation provided indicates that this patient has undergone 12 physical therapy sessions to date with the patient reporting some improvement of symptoms. ODG supports 9-10 visits for complaints of this type, though the 8 requested in addition to the 12 completed would be 20 in total - exceeding guidelines. In addition to the excessive number of requested sessions, the treater does not document why this patient has been unable to transition to home-based therapy following supervised therapy. Therefore, the request IS NOT medically necessary.