

<b>Case Number:</b>	CM15-0048070		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	11/30/2010
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker was a 58-year-old male, who sustained an industrial injury, November 30, 2010. The injured worker previously received the following treatments NSAID, Voltaren, physical therapy and Norco. The injured worker was diagnosed with left shoulder arthropathy/SLAP tear/Rotator cuff tear, left shoulder impingement syndrome and left elbow lateral epicondylitis. According to progress note of February 24, 2015, the injured workers chief complaint was left shoulder aching pain and stiffness. The injured worker had left shoulder arthroscopic surgery May 16, 2014. The injured worker had bilateral CT release. Documented range of motion measurements were significantly decreased from those recorded at time of August 2014 permanent & stationary evaluation. The treatment plan included Norco and physical therapy 8 sessions for the left shoulder for flare-up pain and decreased range of motion, muscle weakness to increase functional capacity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 physical therapy visits for the left shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 216,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 of 127,Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** The injured worker is outside of the 6-month postsurgical physical medicine treatment period recommended by MTUS following rotator cuff repair and has completed an unknown amount of postoperative physical therapy. Per 2014 office notes he was doing well following surgery but continued to report pain. He recently sustained a flare of left shoulder symptoms, with increased pain and deterioration of range of motion. ACOEM Guidelines Algorithm 9-2. Initial and Follow-up Management of Occupational Shoulder Complaints recommends comfort options for patients who require help relieving symptoms, based on risk/benefits and patient preferences. MTUS Chronic Pain Medical Treatment Guidelines would support up to 9-10 PT visits for treatment of myalgia/myositis. Based upon the recent flare of symptoms, the requested 8 additional therapy sessions are reasonable and medically necessary, consistent with MTUS recommendations.