

<b>Case Number:</b>	CM14-0135805		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	10/21/2010
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 42 year old female with the injury date of 10/21/2010. The patient presents with pain in her left shoulder. The patient rates her pain as 3-6/10, aggravated by her activities, especially reaching overhead or driving. The patient reports experiencing a lot of popping into her left shoulder. Left shoulder external rotator has moderate restriction and internal rotator has severe restriction. Left shoulder flexion is 141 degrees, abduction is 87 degrees and external rotation is 41 degrees. Per 06/02/2014 report, the patient is not able to work. Diagnosis on 06/02/2014 is s/p left shoulder decompression, capsulitis. The utilization review determination being challenged is dated on 08/05/2014. Treatment reports were provided from 03/04/2014 to 07/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 2x3, 1x3 = 9 visits for 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 Treatment Guidelines physical medicine Page(s): 98-99.

**Decision rationale:** The patient presents with left shoulder pain. The request is for additional 9 visits of physical therapy for left shoulder. Review of the reports suggests that the recent left shoulder surgery had occurred on 12/18/2013, and current request for 9 sessions of therapy appears outside of post-surgical time-frame. For non-post-operative therapy treatments MTUS guidelines allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the peer review report on 06/12/2014 indicates that the patient has had 38 sessions of physical therapy as a postop treatment. Although the previous physical therapy progress reports were provided, there was no indication of how physical therapy had helped patient in terms of pain reduction or functional improvement and why the patient is not able to transition into a home exercise program. Furthermore, the current 9 sessions combined with 38 already received would exceed what is recommended per MTUS guidelines. Therefore the request is not medically necessary.