

<b>Case Number:</b>	CM14-0148219		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	03/06/2013
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	08/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 33 year old female with a work injury dated 7/24/12. The diagnoses include enthesopathy of wrist and carpus, carpal tunnel syndrome, unspecified site of elbow and forearm, and unspecified site of shoulder and upper arm. The patient is status post left shoulder arthroscopy with subacromial decompression (11/8/13). Under consideration are requests for additional (8) physical therapy sessions 2 times a week for 4 weeks, for the left shoulder. There is a 2/17/14 handwritten progress report which states that the patient has pain, stiffness, bilateral weakness and numbness on the left side. The left shoulder is worse than the right. The patient has increased right shoulder pain. The exam findings note no change for the right shoulder. The left shoulder is documented as "worse." On physical examination of the shoulders there is moderate pain to palpation. Strength is 4/5. Medications are noted as Tramadol ER 150mg one twice. The treatment plan includes a request for physical therapy 2x6 for left shoulder. On 01/10/14, a progress note indicates that the patient was recommended to have a right shoulder arthroscopic rotator cuff repair. Pain was rated 7/10 prior to surgery and is now 4/10 to the left shoulder. She is performing physical therapy for the left shoulder. The shoulder range of motion on the left was range of motion shoulders was flexion and abduction of 180 and extension 50.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional (8) Physical Therapy sessions 2 times a week for 4 weeks, for the left shoulder:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** Additional (8) physical therapy sessions 2 times a week for 4 weeks, for the left shoulder is not medically necessary per the MTUS Guidelines. The guidelines recommend up to 24 visits for this patient's surgery with documentation of functional improvement after an initial trial period and progression towards an independent home exercise program. The documentation indicates that the patient was authorized 12 post op visits. There are no clear objective indications of functional improvement from prior therapy sessions. The patient complains of increased left shoulder pain despite having undergone therapy. Without clear findings of improvement and with documentation of increased pain additional therapy cannot be certified and therefore the request for additional (8) physical therapy sessions 2 times a week for 4 weeks, for the left shoulder is not medically necessary.