

<b>Case Number:</b>	CM14-0216911		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	09/01/2009
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2014

### 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. 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: 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:

The injured worker is a 60 year old female who sustained an industrial injury to her left shoulder on 9/1/2009. She is status post left shoulder surgery on 6/17/2010, 5/5/2011, 10/20/2013, and 10/22/2013. She continues to complain about left shoulder soreness. Diagnoses include status-post left shoulder arthroscopy and corrections, persistent impingement and internal rotation contracture, rotator cuff sprain and strain, possibility of impingement syndrome, and adhesive capsulitis. Treatments have included injection therapy and post-operative physical therapy. 24 sessions of physical therapy were authorized in January 2014 and 12 more sessions were authorized in February 2014. The injured worker is participating in a home exercise program. She does not work. Qualified Medical Evaluator report dated 7/23/2014 shows complaints of left shoulder residual pain, having had no help following multiple surgeries and procedures since 2010, and positive impingement signs. The treatment plan included continued medication management, an updated diagnostic MRI for further treatment recommendations, and continued conservative treatment already in place. The injured worker was evaluated on 7/23/2014 at which time she complained of discomfort and pain in the left shoulder rated 6/10 with any increase in activity levels. She complained of difficulty with sleeping. The report noted that the the injured worker was finished with formal physical therapy but continues her home exercise program once or twice weekly and receives pain management. The treatment plan included continuing the home exercise program 2 to 3 times weekly, using heat and cold as needed, and continuing with her medication management. The injured worker was evaluated on 11/17/2014 at which time she complained of soreness and limited range of motion with shoulder movements, and pain with

overhead activities. An injection was performed and request was made for continuing formal physical therapy 2 times a week for 6 weeks. The injured worker was evaluated on 11/18/2014 at which time there was no improvement from the injection and treatment plan included magnetic resonance imaging for further treatment recommendations. On 12/1/2014 Utilization Review non-certified a request for left shoulder physical therapy, 2 times a week for 6 weeks, stating this injured worker is done with formal physical therapy treatments status-post multiple left shoulder procedures, the most recent one on 10/23/2013, and is already on a home exercise program and a medication management regimen for the soreness. Cited were the MTUS guidelines for post-surgical treatment and chronic pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy twice a week for six weeks for the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, 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:** The MTUS guidelines recommend up to 24 sessions of post operative physical therapy treatments for this injured worker's condition, and the injured worker has completed that appropriate number of physical therapy treatments per the MTUS guidelines. Furthermore, with regards to physical medicine, the MTUS guidelines state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The injured worker is noted to be performing a home exercise program. Furthermore, it is noted that the injured worker has failed a recent injection therapy and additional post operative imaging is being considered. The medical records do not establish how additional formal physical therapy treatments would alter this injured worker's treatment plan. The request for physical therapy twice a week for six weeks for the left shoulder is not medically necessary.