

<b>Case Number:</b>	CM14-0218314		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	01/16/2009
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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, Hawaii  
 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:

This 51 year old male was injured 1/16/09. The mechanism of injury was not clear. He complained of shoulder pain associated with upper extremity use especially with repetitive movements such as doing dishes and cooking. His diagnoses include chronic shoulder internal derangement, regional myofascial pain, depression, chronic pain syndrome and anxiety. His medications include Ambien, baclofen, cyclobenzaprine, desipramine, etodiac (with stomach upset), Flector patch, Lidoderm patch, lunesta, nabumetone and Voltaren gel. With the exception of etodiac, medications had been denied. He demonstrated limited range of motion of shoulder. Soft tissue palpation on the right demonstrated tenderness of the paracervicals, scalene muscle, trapezius, levator scapula and the rhomboid and trapezius trigger point pain. Soft tissue palpation on the left indicated tenderness of the trapezius and the rhomboid and trapezius trigger point pain. He had limited range of motion of upper extremities and was unable to do overhead or repetitive activity. He cannot lift one gallon of milk in a normal fashion. The injured worker has had physical therapy sessions (6) resulting in increased upper extremity strength. He was independent with pain in performing activities of daily living but was unable to pursue previous recreational activities. Utilization Review indicates that the injured worker had acupuncture sessions. Functional improvement is not clear. He is not working. Physical therapy has been requested. On 12/16/14 Utilization review non-certified the request for shoulder physical therapy X8 based but was unclear as to a specific reason. ACOEM Chapter 9 and ODG Shoulder were referenced.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **6 physical therapy visits for the shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic)

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

**Decision rationale:** The patient presents with chronic shoulder internal derangement and regional myofascial pain. The current request is for 6 physical therapy visits for the shoulder. The treating physician report dated 12/11/14 (7d) states that the patient has completed the authorized sessions of physical therapy but that his pain has not resolved. MTUS guidelines support physical therapy 8-10 sessions for myalgia and joint pain. The patient has completed 6 sessions of physical therapy. The current request for 6 additional physical therapy sessions would lead to a total of 12 sessions which exceeds the 8-10 sessions allowed by MTUS for this type of condition. In this case, the treating physician has not provided any compelling reason to perform additional physical therapy in excess of the guidelines. There is no new injury reported and no new diagnosis is documented to explain the need for additional physical therapy. The current request is not medically necessary and the recommendation is for denial.