

<b>Case Number:</b>	CM15-0006494		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	08/01/2014
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56-year-old male who reported an injury on 08/01/2013 due to an unspecified mechanism of injury. On 12/17/2014, he presented for an evaluation complaining of constant, severe, throbbing left shoulder pain with associated radiation into the arm and hand with numbness. A physical examination of the left shoulder showed range of motion was decreased and painful with flexion at 170, extension at 40, abduction at 160, adduction at 30, internal rotation at 70, and external rotation of 80. There was tenderness at the AC joint, tenderness at the anterior acromioclavicular margin, positive Speed's test, positive impingement, and pain and weakness on resisted external rotation with arm at the side. Right elbow motion was decreased and painful with flexion at 135 and extension at 0, and there was a swollen olecranon bursa that was tenderness to palpation. He was diagnosed with left shoulder pain and dysfunction, left shoulder impingement, left shoulder AC joint arthrosis, left shoulder partial thickness rotator cuff tear, right elbow compensatory pain, and right elbow olecranon bursitis. The treatment plan was for physical therapy 2x4 for the left shoulder. The rationale for treatment was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 4 left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

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

**Decision rationale:** The California MTUS Guidelines recommend physical therapy for 9 to 10 visits over 8 weeks for myalgia and myositis, unspecified. For neuralgia, neuritis, and radiculitis, unspecified, 8 to 10 visits over 4 weeks is recommended. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the right and left upper extremity. However, further clarification is needed regarding the injured worker's previous treatment modalities. It is unclear if the injured worker has undergone physical therapy in the past, and without this information, physical therapy sessions would not be supported. Given the above, the request is not medically necessary.