

<b>Case Number:</b>	CM15-0103663		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	10/17/2012
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Massachusetts

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 45 year old male, who sustained an industrial injury on 10/17/2012. He reported a trip without fall, injuring his right shoulder and left ankle. The injured worker was diagnosed as having right shoulder surgery and left ankle strain. Treatment to date has included diagnostics, right shoulder surgery on 12/26/2013, unspecified physical therapy, right shoulder injection, and medications. Urine toxicology (11/07/2014) was inconsistent with prescribed medications. Currently (03/2015 most recent progress report), the injured worker complains of pain in his right shoulder and left ankle. A right shoulder injection was done 2/10/2015, noting temporary relief for almost 1-2 weeks. Range of motion and manual muscle testing was not noted. Light touch sensation was intact. Current medication regime was not noted. The treatment plan included physical therapy for the left ankle and right shoulder x12. A rationale for the requested treatment was not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the left ankle and right shoulder; 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work-related injury in October 2012 after nearly falling with injury to the right shoulder and left ankle. He underwent right shoulder surgery in December 2013. When seen, he was having right shoulder and left ankle pain. There had been 1-2 weeks of improvement after an intra-articular shoulder injection. Twelve sessions of physical therapy was requested for the shoulder and ankle. The claimant is being treated for chronic pain. There is no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what would be needed to establish or revise the claimant's home exercise program. Use of home based exercises including TheraBands, a BAPS board for the ankle, and a home pulley system for the shoulder would best meet this claimant's needs. The request for this number of skilled therapy sessions is not medically necessary.