

<b>Case Number:</b>	CM15-0103880		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	12/14/2009
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: Maryland

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

### 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 65 year old male, who sustained an industrial injury on 12/14/2009. He has reported injury to the left shoulder. The diagnoses have included chronic left shoulder pain; labral tear left shoulder; left shoulder tendinitis, residual; and status post left shoulder open decompressive surgery 2/9/10. Treatment to date has included medications, diagnostics, physical therapy, home exercise program, and surgical intervention. Medications have included Norco, Celebrex, Ultracet, Tramadol, and Terocin lotion. A progress note from the treating physician, dated 04/08/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued pain in the left shoulder; the pain starts at a 2-3/10 on the pain scale, and then increases to a 7/10; when he takes the Norco, the pain is a 2/10; and he continues to work his normal duties. Objective findings included painful range of motion of the left shoulder; tenderness to palpation over the acromioclavicular joint; and there is a healed incision. The treatment plan included the request for physical therapy 2 x 6 left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x6 left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

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

**Decision rationale:** Physical therapy 2x6 left shoulder is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient has had extensive therapy for the left shoulder. He should be well versed in a home exercise program. There are no extenuating circumstances documented which would necessitate 12 more supervised therapy sessions. Additionally, the request exceeds the MTUS recommended 10 visits for this condition. The request for physical therapy is not medically necessary.