

<b>Case Number:</b>	CM15-0018676		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	09/23/2010
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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, Arizona

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:

The injured worker is a 55-year-old female who reported an injury on 09/23/2010. On 11/14/2014, she presented for a followup evaluation. She reported pain of a 5/10 made better with medications and made worse with overhead use. She also noted worsening right shoulder pain due to overcompensation. A physical examination showed left shoulder range of motion at 140 degrees with flexion, abduction at 150 degrees, external rotation at 90 degrees and internal rotation at 60 degrees. Right shoulder range of motion showed flexion at 140 degrees, abduction 150 degrees and external rotation at 80 degrees with tenderness to palpation about the anterior aspect of the bilateral shoulders. Sensation and motor strength was intact bilaterally. She was diagnosed with bilateral shoulder impingement syndrome, status post left shoulder subacromial decompression. The treatment plan was for a physical therapy evaluation with physical therapy for the bilateral shoulders. The rationale for treatment was to treatment the injured worker's symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy evaluation for bilateral shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (updated 10/31/2014) Physical Therapy Guidelines, Rotator Cuff Syndrome/ Impingement Syndrome

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

**Decision rationale:** The California MTUS Guidelines indicate that physical therapy is recommended for 9 to 10 visits over 8 weeks for the injured worker's condition. While it is noted that the injured worker is symptomatic regarding her bilateral shoulders, there was a lack of documentation showing that was having any significant functional deficits or significantly decreased activities of daily living to support the request for physical therapy treatment. Also, further clarification is needed regarding her previous treatments and whether or not she had undergone physical therapy to address the same injury. Without this information, the request for a physical therapy evaluation would not be supported. Therefore, the request is not medically necessary.

**Physical therapy for bilateral shoulders 2 times a week for 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (updated 10/31/2014) Physical Therapy Guidelines, Rotator Cuff Syndrome/ Impingement Syndrome

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

**Decision rationale:** The California MTUS Guidelines indicate that physical therapy is recommended for 9 to 10 visits over 8 weeks for the injured worker's condition. While it is noted that the injured worker is symptomatic regarding her bilateral shoulders, there was a lack of documentation showing that was having any significant functional deficits or significantly decreased activities of daily living to support the request for physical therapy treatment. Also, further clarification is needed regarding her previous treatments and whether or not she had undergone physical therapy to address the same injury. Therefore, the request is not medically necessary.