

<b>Case Number:</b>	CM15-0117439		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	10/19/2014
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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 47 year old female who reported an industrial injury on 10/19/2014. Her diagnoses, and/or impressions, are noted to include: unresolved impingement with irritation of the rotator cuff at the left shoulder, associated with subacromial bursitis. No current imaging studies were noted. Her treatments were noted to include cortisone injection to the left shoulder (4/27/15); medication management; and temporary rest from work. The progress notes of 4/27/2015 reported complaints of moderate-severe pain to the left shoulder with the inability to sleep on it, to carry any significant weight or to achieve her activities of daily living, she also complained of lost strength and a tendency to favor the left arm/shoulder. Objective findings were noted to include the favoring of the left arm; some mild swelling to the outer aspect of the left shoulder; limited range-of-motion to the neck causing pain in the trapezius muscle between the neck and left shoulder; limited range-of-motion of the shoulder with the inability to raise the left arm above the shoulder; impingement syndrome of the rotator cuff at the left shoulder through the Supraspinatus Strength Test, Neer, and Hawkins tests; major spasms in the trapezius muscle between the neck and left shoulder and neck; tenderness at the left shoulder inclusive of the rotator cuff and subacromial bursae; and soreness of the biceps tendons. The physician's requests for treatments were noted to include physical therapy for the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 x 4 weeks left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**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 injury in October 2014 and continues to be treated for left shoulder pain. When seen, there had been no improvement after a cortisone injection. She had completed to physical therapy sessions with continued pain and decreased shoulder range of motion. There was significantly decreased left shoulder range of motion with positive impingement testing. There were trapezius muscle spasms. She had decreased left grip strength. The claimant is being treated for chronic pain with 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 request was made prior to completing a trial of therapy, without improvement noted after the first two treatments. The number of visits requested is in excess of that recommended or what might be needed to determine whether ongoing skilled therapy is indicated. The request is not medically necessary.