

<b>Case Number:</b>	CM15-0125232		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	03/20/2009
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year old female patient who sustained an industrial injury 03/20/2009. A primary treating office visit dated 07/16/2014 reported the patient with subjective complaint of having bilateral shoulder pain which had increased since the last visit. Her quality of sleep is also noted as being poor. She is not undergoing any other treatment therapy at this time. She states she is still in the process of scheduling a surgical appointment evaluating her shoulders. She states being interested in a steroid injection. Current medications are: Trazadone, Zoloft, Flexeril, Gabapentin, Imitrex, Norco, and Omeprazole. Diagnostic testing to include: magnetic resonance imaging study of lumbar spine, radiography study imaging of lumbar spine and right shoulder. She was diagnosed with shoulder pain. Of note there is a pending request for additional physical therapy session and radiographic study of cervical spine under another work claim. Back on 06/25/2014 at a primary treating follow up visit she had subjective complaint of having bilateral shoulder pain which is increasing and accompanied by radiating pain into the upper extremities. Current medications are: Trazadone, Zoloft, Flexeril, Gabapentin, Imitrex, Norco 10/325mg, and Omeprazole. The patient was deemed permanent and stationary on 05/08/2003. The treating diagnoses noted unchanged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the bilateral shoulders, twice weekly for six weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder - Physical Therapy.

**Decision rationale:** MTUS Guidelines support up to 10 sessions of guided physical therapy for most chronic musculoskeletal conditions. ODG Guidelines provide additional details that are consistent with the MTUS Guidelines. For a diagnosis of shoulder sprain, rotator cuff syndrome, or impingement the Guidelines consider 10 sessions as reasonable and necessary. There are no unusual circumstances to justify an exception to Guidelines. The request for the Physical therapy for the bilateral shoulders, twice weekly for six weeks (12 sessions) is not supported by Guidelines and is not medically necessary.