

<b>Case Number:</b>	CM15-0125454		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	06/12/2013
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/09/2015
<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: 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 41 year old female who sustained an industrial injury on 06/12/2013. Mechanism of injury was a fall. Diagnoses include left shoulder mild adhesive capsulitis without significant audible pop on manipulations, improved with physical therapy, and right shoulder compensatory shoulder. Treatment to date has included diagnostic studies, medications, 12 physical therapy sessions, and shoulder injections. On 01/16/2015, a Magnetic Resonance Imaging of the left shoulder revealed focal supraspinatus tendinosis with no supraspinatus tear, and there is mild truncation of the posterior superior labrum with no discrete SLAP tear. There is an unofficial documentation present that the injured worker on 12/14/2013 had neurodiagnostic studies done that revealed left post traumatic thoracic outlet syndrome, and left ulnar neuropathy. A physician progress note dated 05/14/2015 documents the injured worker can passively forward flex and abduct her shoulder to about 170 degrees; however actively she can only do it about 90 degrees because of poor strength. Treatment requested is for physical therapy, 2 times weekly for 6 weeks, left shoulder, 12 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, 2 times wkly for 6 wks, Left Shoulder, 12 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 9, 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 (3) Shoulder (Acute & Chronic) Physical therapy.

**Decision rationale:** The claimant sustained a work injury and June 2013 and continues to be treated for left shoulder pain. She underwent a left cubital release in July 2014 and left rotator cuff repair in August 2014. The claimant has received several courses of physical therapy and was evaluated again for therapy in March 2015. When seen, she had completed 12 therapy sessions. She had stiffness and ongoing loss of strength. She was having trouble stretching on her own. Physical examination findings included decreased active range of motion with significantly greater range of motion passably. Diagnoses included mild left shoulder adhesive capsulitis. Authorization for an additional 12 therapy treatments was requested. The claimant's injury and last surgery were more than six month ago. She is being treated under the chronic pain treatment guidelines. In this case, the claimant has recently had physical therapy. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for strengthening and range of motion, which would be ideal for this claimant. Providing the number of requested additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The request is not medically necessary.