

<b>Case Number:</b>	CM15-0170499		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	03/23/2015
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 27 year old male, who sustained an industrial injury on March 23, 2015. Several documents are included in the submitted medical records are difficult to decipher. He reported injuries of the neck, left shoulder, left wrist, and back. The injured worker was diagnosed as having left shoulder sprain and strain. Medical records (July 30, 2015) indicate the injured worker has localized pain in the superior aspect of the left shoulder over the trapezius muscle. He has not done any therapy or injections. He has not had any x-rays of the shoulder. Per the treating physician, the employee has not worked since March 23, 2015. The physical exam reveals tenderness over the superior aspect of the shoulder and neck junction, and full range of motion including forward elevation, external rotation, and internal rotation. There was strength testing in all planes of 5 out of 5 and negative Neer, Hawkins' impingement, and belly press signs. Treatment has included anti-epilepsy and non-steroidal anti-inflammatory medications. On July 30, 2015, the requested treatments included 12 sessions of physical therapy for the left shoulder. On August 11, 2015, the original utilization review partially approved a request for 8 sessions of physical therapy for the left shoulder (original request for 12 sessions).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 physical therapy sessions for the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Work Activities, Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Although physical therapy may be needed in shoulder strains, the claimant had full range of motion of the left shoulder without impingement findings. The claimant was able to do home exercises. The amount of therapy exceeds the amount needed to educate on self-guided exercises. As a result, the request for 8 sessions of therapy is not medically necessary.