

<b>Case Number:</b>	CM15-0174043		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	03/22/2013
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 56 year old female who sustained an industrial injury on 03-22-1013. Diagnoses include status post left shoulder arthroscopy on 03-24-2015, and left shoulder impingement syndrome. A physician progress note dated 08-12-2015 documents the injured worker received an ultrasound guided injection to the left shoulder due to constant throbbing left shoulder pain. She has instability and limited range of motion of her left shoulder. She reports no improvement in progress to the left shoulder and she is extremely frustrated. There is tenderness over the anterior aspect of the left shoulder. She has weakness in the internal and external rotation. Unofficial report of left shoulder and left humerus x rays revealed no increase in osteoarthritis. With this visit she received an Ultrasound Guided Cortisone injection to her left shoulder, and she was prescribed Norco 10-325mg #40 to alleviate pain and discomfort. The injured worker has received post-operative physical but the number of visits is not known. Treatment to date has included diagnostic studies, medications, status post arthroscopic left shoulder biceps tenodesis, Mumford procedure, synovectomy, and lysis of adhesion with bursectomy on 03-24-2015, use of an IF unit, and physical therapy. On 08-28-2015 the Utilization Review non-certified, the requested treatment additional physical therapy left shoulder 3 times a week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy left shoulder 3 times a week for 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional physical therapy to the left shoulder three times per week times four weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are disorders of synovium, tendon and bursa; and status post diagnostic and operative shoulder arthroscopy. Date of injury is March 22, 2013. Request for authorization is August 25, 2015. According to an August 12, 2015 progress note, the injured worker's status post diagnostic and operative shoulder arthroscopy with biceps tenodesis and Mumford procedure March 24, 2015. There were no physical therapy progress notes in the medical record. The treating provider does not document the total number of physical therapy sessions. Utilization review indicates the injured worker received 25 physical therapy sessions that resulted in no improvement. Objectively, there is tenderness to palpation with decreased range of motion. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no physical therapy progress note documentation, no documentation indicating the total number of physical therapy sessions, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy is warranted, additional physical therapy to the left shoulder three times per week times four weeks is not medically necessary.