

<b>Case Number:</b>	CM15-0174083		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	10/02/2014
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Texas, New York, 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 applicant is a represented 67-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 2, 2014. In a Utilization Review report dated August 19, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy for the shoulder. The claims administrator referenced an RFA form received on August 12, 2015 in its determination. An August 12, 2015 progress note was also cited. The applicant's attorney subsequently appealed. On a handwritten progress note dated June 17, 2015, the applicant reported ongoing complaints of shoulder pain. The applicant was asked to continue using Naprosyn for pain relief. The applicant was given a rather proscriptive 10-pound lifting limitation. Physical therapy was sought. It was not clearly stated whether the applicant was or was not working with said limitation in place. The note was very difficult to follow and not altogether legible. On an RFA form dated May 7, 2015, 9 sessions of physical therapy were sought. An applicant questionnaire dated January 23, 2015 suggested the applicant was working, albeit with a 5-pound lifting limitation in place. On August 3, 2015, the applicant exhibited a 15-pound lifting limitation. The applicant was asked to follow up on an as-needed basis. The applicant exhibited significantly limited shoulder range of motion with flexion and abduction in the 95-degree range, it was reported. The applicant had undergone a dislocation of shoulder but reportedly had no evidence of rotator cuff tear, it was suggested. On an April 1, 2015 applicant questionnaire, the applicant stated he was working with a 10-pound lifting limitation in place. On a Doctor's First Report (DFR) dated August 12, 2015, the applicant's new primary treating

provider (PTP) contended that the applicant had issues with shoulder adhesive capsulitis, which were influencing his range of motion. Additional physical therapy was sought.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical Therapy for the right shoulder, twice a week for six weeks:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Disorders, Physical therapy.

**Decision rationale:** Yes, the request for 12 sessions of physical therapy for the shoulder was medically necessary, medically appropriate, and indicated here. While the approval does represent extension of treatment beyond the 9- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, i.e., the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that the value of physical therapy increases with a clear description of the diagnosis and/or lesions causing an applicant's symptoms as well as with a prescription which clearly states treatment goals. Here, the requesting provider contended that the applicant had developed issues with adhesive capsulitis following earlier shoulder dislocation injury. The applicant was described as having significant range of motion deficits present on both August 3, 2015 and August 12 2015. The applicant exhibited 95 degrees of shoulder flexion and abduction on August 3, 2015. The applicant's issues were trending favorably; it was reported on multiple office visits, referenced above. On earlier office visit, the applicant was given a more proscriptive 5-pound lifting limitation. This was loosened from visit to visit, with the applicant ultimately given a more permissive 15-pound lifting limitation on August 3, 2015. The applicant was working with said limitation in place. Additional functional improvement, thus, was certainly possible here, particularly in light of the fact that ODG's Shoulder Chapter Physical Therapy topic endorses 12 sessions of treatment for applicants who carry a diagnosis of dislocation of shoulder and 16 sessions of treatment for applicants who carry a diagnosis of adhesive capsulitis, both of which were seemingly present here. Treatment on the order of that proposed was, thus, indicated to ameliorate the applicant's residual deficits, particularly given the applicant's favorable response to earlier treatment in terms of the functional improvement parameters established in MTUS 9792.20e. Therefore, the request was medically necessary.