

<b>Case Number:</b>	CM15-0179608		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	01/27/2015
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Physical Medicine & Rehabilitation, Pain Management, 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:

This injured worker is a 47 year old male, who sustained an industrial injury on 01-27-2015. The injured worker was diagnosed as having right shoulder contusion - work related, right shoulder calcific tendinitis, right shoulder subacromial impingement syndrome and right shoulder AC arthrosis. On medical records dated 05-27-2015, subjective complaints were noted as right shoulder pain and shoulder blade pain. Pain was noted 3 -6 out of 10. Therapy was noted to make to pain better, however there was no specific information provided about what kind of therapy or the duration of same. The injured worker was noted to not be able to sleep on right side. Objective findings of right shoulder were noted as having a decreased range of motion, and positive Neer impingement and Hawkins test. The injured worker was noted to be able to work with right upper extremity limitations. Current medication was not listed on medical record 05-27-2015. The Utilization Review (UR) was dated 08-11-2015. UR submitted for this medical review indicated that the request for physical therapy 2 times a week for 4 weeks for the right shoulder was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 4 weeks for the right shoulder:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder - Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** MTUS 2009 recommends up to 10 sessions of physical therapy to treat myalgia. This patient acutely injured his right shoulder in January 2015 and has received 12 sessions of physical therapy. He has been evaluated by an orthopedic surgeon who did not feel he was a surgical candidate. A recent MRI of the right shoulder does not reveal any significant rotator cuff pathology. There are few remaining treatment options for this patient who continues to work in a modified capacity. He reportedly improved symptomatically with prior sessions of physical therapy. Therefore, even though this request for additional physical therapy exceeds evidence-based guidelines recommendations, there are few remaining treatment options for this individual. He obviously responded well to prior physical therapy since he is working in a modified capacity. Although documentation is lacking for his prior responses to physical therapy, is obvious from his functional status that his prior treatment has been effective. Therefore, this request for an additional eight sessions of physical therapy is medically necessary.