

<b>Case Number:</b>	CM15-0024039		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	06/01/2007
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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 [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of June 1, 2007. In a utilization review report dated January 12, 2015, the claims administrator partially approved a request for 12 sessions of physical therapy as 6 sessions of the same. The claims administrator noted that the applicant had 22 sessions of physical therapy for the shoulder in 2014. The claims administrator referenced a progress note dated November 9, 2014. Despite the fact that the applicant was well outside of the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier shoulder surgery of January 31, 2014, the claims administrator nevertheless referenced the MTUS Postsurgical Treatment Guidelines. The applicant's attorney subsequently appealed. On January 6, 2015, the applicant reported ongoing complaints of neck and shoulder pain. The applicant was using Norco and Naprosyn for pain relief. Additional physical therapy was endorsed. It was stated that the applicant might ultimately be a candidate for a total shoulder replacement surgery. Permanent work restrictions were renewed. It was suggested (but not clearly stated) that the applicant was working with said limitations in place. Right shoulder range of motion was limited to 80 degrees of abduction. In an earlier note dated January 9, 2015, the applicant was asked to continue Norco and Xanax for pain relief. It was again stated that the applicant might ultimately require a total shoulder replacement surgery. 80 degrees of abduction were appreciated at that point in time. Permanent work restrictions were renewed. It was again suggested that the applicant was working with said limitations in place.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the bilateral shoulders, 2 times a week for 6 weeks; 12 sessions:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 8 of 127.

**Decision rationale:** No, the request for an additional 12 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The applicant had had extensive prior physical therapy over the course of the claim, including over 20 sessions in 2014, the claims administrator contended. As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, all evidence on file points to the applicant's having plateaued with earlier treatment. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant remains dependent on opioids agents such as Norco. Significant limited shoulder range of motion with abduction in the 80-degree range was reported on successive office visits of January and February 2015, referenced above. All of the foregoing, taken together, suggests a lack of ongoing functional improvement as defined in MTUS 9792.20(f), despite receipt of extensive prior physical therapy over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.