

<b>Case Number:</b>	CM15-0062146		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	07/02/2012
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 47 year old male sustained an industrial injury to the cervical spine, lumbar spine, right knee and left shoulder on 7/2/12. Previous treatment included magnetic resonance imaging, sleep study, sudoscan, cardiopulmonary testing, physical therapy, aquatic therapy, psychological care and medications. In an orthopedic progress note dated 1/28/15, the injured worker complained of ongoing neck, left shoulder, left arm and low back pain with radiation to bilateral legs. The injured worker reported increased pain in the left shoulder at night which was not allowing him to sleep. Physical exam was remarkable for left shoulder with painful and restricted range of motion. Current diagnoses included lumbar facet syndrome, lumbar discogenic disease, chronic low back pain, cervical discogenic disease, cervical facet arthrosis, chronic cervical spine sprain/strain, left sided sciatica, left shoulder tendinosis versus partial thickness tear and bilateral knee internal derangement. The treatment plan included refilling medications (Ultracet, Anaprox DS, Flexeril and Omeprazole) and physical therapy twice a week for six weeks for the left shoulder. The injured worker received a left shoulder injection during the office visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x a week for 6 weeks for the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Shoulder (Acute & Chronic), Physical Therapy, ODG Preface Physical Therapy.

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Regarding physical therapy, ODG states "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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The request for 12 sessions is in excess of the initial trials per MTUS and ODG guidelines and no documented trial. As such, the request Physical therapy 2 x a week for 6 weeks for the left shoulder is not medically necessary.