

<b>Case Number:</b>	CM15-0073086		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	09/23/2011
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 40 year old female sustained an industrial injury to the shoulder on 9/23/11. Previous treatment included magnetic resonance imaging, left shoulder arthroscopy with decompression, left shoulder manipulation, injections, physical therapy, home exercise and medications. In a pain management visit note dated 3/25/15, the injured worker complained of ongoing shoulder pain with restricted range of motion that impaired her ability to complete activities of daily living. Current diagnoses included shoulder joint pain, myalgia and myositis, cervicgia and chronic pain syndrome. The treatment plan included three suprascapular nerve blocks with post injection range of motion therapy and magnetic resonance imaging cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post injection physical therapy ROM left shoulder/scapula 2 times a week for 3 weeks:**

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), Rotator cuff syndrome/impingement syndrome.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Shoulder (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in September 2011 and continues to be treated for right shoulder pain. She underwent an arthroscopic rotator cuff repair and in July 2014 an arthroscopic manipulation under anesthesia. She has had postoperative physical therapy but has difficulty with a home exercise program due to pain. Being planned is a series of 3 suprascapular nerve blocks for pain relief followed by additional physical therapy treatments. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is consistent with that recommended and therefore medically necessary.