

<b>Case Number:</b>	CM15-0077525		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	08/23/2011
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 injured worker is a 56 year old male, who sustained an industrial injury on 8/23/11. He reported right shoulder pain and right hand pain and swelling. The injured worker was diagnosed as having osteoarthritis of the left shoulder impingement and bursitis, right shoulder degenerative joint disease and cervical radiculopathy. Treatment to date has included oral medications including opioids, total shoulder replacement, physical therapy, cervical facet medial branch block and topical creams. Currently, the injured worker complains of mild pain with use of arm and hand with some limitations of active motion. Physical exam noted tenderness to palpation over the AC joint and no pain with range of motion. The treatment plan included a request of 12 additional physical therapy sessions of bilateral shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy evaluation / treatment (right shoulder) (sessions) Qty: 12:** 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 Medicine Page(s): 98-99.

**Decision rationale:** Physical therapy in the form of passive therapy for the lower back and hip is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back or hip pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, the worker was reporting continual improvement in his right shoulder pain and function since his surgery prior to this request for physical therapy. There was also no evidence found from documented physical findings suggestive of any abnormality in the right shoulder area, although neck-related symptoms were discussed. Therefore, there was no clear indication to complete additional physical therapy of the right shoulder. Also, there was also no indication that the worker at this point in the treatment was unable to perform home exercises for his shoulder to allow for continual improvement. Therefore, the request for physical therapy for the right shoulder #12 is not medically necessary.