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| <b>Case Number:</b>   | CM15-0090651 |                              |            |
| <b>Date Assigned:</b> | 05/14/2015   | <b>Date of Injury:</b>       | 02/18/2012 |
| <b>Decision Date:</b> | 06/17/2015   | <b>UR Denial Date:</b>       | 05/07/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/11/2015 |

### 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: Pennsylvania  
 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 39 year old male, who sustained an industrial injury on 02/18/2012. He has reported subsequent low back and left shoulder pain and was diagnosed with left shoulder pain and rotator cuff tendinitis, L5-S1 spondylolisthesis and left knee pain with internal derangement. Treatment to date has included oral pain medication and a home exercise program. In a progress note dated 04/28/2015, the injured worker complained of a flare up of left shoulder pain. Objective findings were notable for mild discomfort with forced external rotation and O'Brien's testing. A request for authorization of 8 sessions of physical therapy was submitted to work on a reconditioning program was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 physical therapy sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines - Shoulder PT.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**Decision rationale:** In the orthopedic progress note of 4/17/2015, it is stated that the worker is returning for a flare-up of his left shoulder and that he felt the shoulder was becoming more limiting. It had been a year since this physician had last seen him. The physician was concerned regarding a persistent pathology possibly with the labrum as well as the deconditioned shoulder. He requested authorization for 8 visits of physical therapy and believed that the shoulder was becoming weaker. Although, this worker may have had post-operative therapy in the past with establishment of a home exercise program, it is reasonable in this case to have a trial of physical therapy since there has been a flare up of symptoms with progressive weakness. The MTUS recommends 9-10 visits over 8 weeks for myalgia and myositis. This request is medically necessary.