

<b>Case Number:</b>	CM15-0098062		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	10/13/2011
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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, Florida  
 Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 59-year-old male, who sustained an industrial injury on 10/13/11. He has reported initial complaints of right shoulder and right elbow pain working as a loader. The diagnoses have included lateral and medial right epicondylitis, right shoulder pain, adhesive capsulitis, and rotator cuff tear. There are associated diagnosis of anxiety disorder and insomnia associated with chronic pain syndrome. Treatment to date has included medications, diagnostics, activity modifications, surgery, physical therapy 32 sessions and home exercise program (HEP). Currently, as per the physician progress note dated 4/7/15, the injured worker complains of persistent right shoulder pain, which he describes a sharp, shooting and stabbing. The pain is rated 5-6/10 on pain scale and is associated with intermittent popping movements. It is noted that he wishes to pursue with additional physical therapy for strengthening exercises. It is noted that he does do home exercise program (HEP) but is limited. The physician noted that his last physical therapy session was around 10/2014 and he is status post-right shoulder surgery dated 4/29/14. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) and x-rays of the right shoulder. The diagnostic reports were not included in the records but the physician notes that the Magnetic Resonance Imaging (MRI) of the right shoulder dated 10/1/13 revealed full thickness tear, arthritic changes and small joint effusion. The physician noted that the x-ray of the right shoulder dated 10/13/11 revealed mild degenerative changes. The objective findings reveal that he had positive pain with the musculoskeletal exam. He has positive anxiety with the psychiatric exam. He is grossly protective of his right upper extremity, there is tenderness in the acromioclavicular joint, right shoulder abduction is 140 degrees,

forward flexion is 150 degrees, strength is 4+/5 in the right shoulder abduction and forward flexion. The current medications included Naproxen and Omeprazole. The physician requested treatment included Physical therapy x 6 visits for the right shoulder.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy x 6 visits for the right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211, Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Shoulder Mental Illness and Stress.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that patients progress to a home exercise program after completion of supervised physical therapy program. The records show that the patient had completed multiple sessions of supervised PT program since that injury and also following the 2014 shoulder surgery. The presence of significant psychosomatic symptoms is associated with decreased efficacy of PT treatments. The patient was already instructed on a home exercise program. There is no documentation of re-injury or exacerbation of the right shoulder condition. The request for Physical Therapy (PT) X 6 visits is not medically necessary.