

<b>Case Number:</b>	CM13-0006149		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	11/07/2005
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	07/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/02/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 63-year-old male with a reported date of injury on 11/07/2005. The injury reportedly occurred when the injured worker was lifting material while performing duties as a plumber. The injured worker presented with right shoulder pain rated at 5/10. According to the clinical documentation provided for review, the injured worker previously participated in physical therapy of unknown duration. Within the clinical note dated 07/12/2013, the physician indicated the injured worker while laying on his back was able to elevate to 160 degrees, externally rotate to 40 degrees, and internally rotate to L2. The physician indicated that he thought the injured worker was doing fantastic and should continue physical therapy. The clinical note dated 01/31/2014, the physician indicated the injured worker continued to have significant atrophy posteriorly and the deltoid continued to be weak. The injured worker presented with good passive motion but his active motion at best "sucks", according to the documentation. The injured worker presented with a history of transfer of the first branch of the radial nerve to the long head of the triceps to the right axillary nerve on 10/01/2012. The injured worker's medication regimen included ibuprofen and Naprosyn. The request for authorization for continued OT 2 times 6 was submitted on 08/01/2013. The rationale for the request was not provided within the documentation available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued OT twice a week for six weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**Decision rationale:** The California MTUS Guidelines recommend physical medicine as indicated. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires and internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend 8 to 10 visits over 4 weeks. The clinical information provided for review indicates the injured worker previously participated in physical and occupational therapy prior to 07/12/2013. There is a lack of documentation related to the injured worker's functional deficits to include range of motion values. The therapeutic and functional benefit of the ongoing utilization of physical therapy/occupational therapy was not provided within the documentation available for review. In addition, the guidelines recommend 8 to 10 visits over 4 weeks. The request for an additional 12 physical therapy visits exceeds recommended guidelines. Therefore, the request for continued OT twice a week for six weeks is not medically necessary.