

<b>Case Number:</b>	CM13-0011781		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/24/2008
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### 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 Internal Medicine and is licensed to practice in Arizona. 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:

This patient is a 56-year-old female with a date of injury in June 2008. The records contain office visit notes from March to July 2013 only. They do not indicate how the patient was originally injured. She had a surgery in January 2012. It is unclear why or what she had done. She now has chronic right shoulder pain radiating to the neck which causes paresthesia and affects her strength. She was taking Lyrica, Tramadol ER 150 mg and has had physical therapy (PT) multiple times, stating it gives her 80% relief. She carries the diagnoses of rotator cuff syndrome, bicipital tenosynovitis and frozen shoulder. The records state the patient had 30 post-surgical PT visits. Additionally, the records indicate that in March 2013, a request had been put through for additional PT (2 times a week for 6 weeks) after having just completed six weeks of PT on the shoulder. It is unclear if this request was certified and whether she actually had the additional course of PT. There are no records from PT. At the time of the last visit, July 2013, the PMR doctor reported a flare of her shoulder pain and that the patient's home exercise program had failed. The treating physician intentions in requesting PT (non-certified) was to maximize functional recovery and reduce the patient's risk of injury. There is no indication in the records why a request to reconsider the denial is just now getting processed, one year later.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2 TIMES 5 - RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 98-99.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 726.1 Rotator Cuff Syndrome of Shoulder and Allied Disorders, Physical Therapy Guidelines and ODG Integrated Treatment/Disability Duration Guidelines Pain (Chronic), General Treatment Management.

**Decision rationale:** The MTUS does not specifically provide instruction for shoulders in the Chronic Pain section; but the ACOEM section mentions PT in an acute and sub-acute setting for a few visits to obtain education on an effective, home exercise program. Further, manual therapy has been described as effective for patients with frozen shoulders; however, the period of treatment is limited to a few weeks, because results decrease with time. It could be extrapolated that ongoing PT for chronic shoulder pain might provide diminishing returns. The ODG, does give specific guidelines for various shoulder disorders and it would seem that this patient's frequency of PT visits have exceeded the guidelines. The recommendation of rotator cuff syndrome of the shoulder and allied disorders, is to allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy. This patient reports significant improvement from getting PT, but apparently much of her pain and her limitations in function have persisted and/or returned; There is no discussion on her functional level and whether she is working and if not, whether there has been any attempt to return to work. The managing physician claims her home PT failed. Perhaps this would be a time to really determine why. Based on the records provided, this PT request is not medically necessary. It is recognized that a year has passed since the original non-certification. Another evaluation by her managing physician might be helpful but it should incorporate some of the assessments mentioned above. As such, the request is not medically necessary.