

<b>Case Number:</b>	CM13-0021568		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	05/23/2009
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, has a subspecialty in Preventive Medicine, and is licensed to practice in California. 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 physician 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:

56 yr. old male claimant who sustained an injury on 5/23/09 which resulted in a fall and right hand injury coupled with neck and shoulder pain. He has had an arthroscopy and shoulder debridement for a left rotator cuff tear. He had taken oral analgesics and completed physical therapy of the neck on November 2012 to August 2013 which included iontophoresis, hot packs, myofascial release, joint mobility, etc. In addition prior therapy of the shoulder was ordered in December 2011. On 8/12/13, the treating physician noted continued 7/10 neck pain which improved with lidocaine patches. Additional therapy was requested for cervical spine and shoulder therapy due to limited range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 4 for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-212.

**Decision rationale:** According to table 8-8 cited in the guidelines above, physical therapy is recommended early in management. Applications of heat and cold are recommended for at home

treatment. Office instructions are recommended for home exercises. In addition a progress not from therapy in April 2013 stated the claimant did not receive improvement from the therapy provided. Table 9-6 in the MTUS guidelines does not recommend physical therapy for shoulder pain unless it entails teaching the patient exercises at home. The continued order for PT is not medically necessary.

**Physical therapy 2 x 4 for left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Complaints Page(s): 212.

**Decision rationale:** According to the MTUS guidelines, Short course of supervised therapy is optional and is considered appropriate when applied for teaching at home. In this case, the claimant received therapy 2 yrs ago. There is no documentation that ongoing therapy is continued at home or therapy is used for home education. As a result, it is not medically necessary to continue shoulder therapy.