

<b>Case Number:</b>	CM13-0040787		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	01/09/2013
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 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 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:

According to the records made available for review, this is a 46-year-old female with a 1/9/13 date of injury. At the time (9/27/13) of request for authorization for 12 physical therapy visits for the bilateral shoulders, there is documentation of subjective (painful shoulders) and objective (tenderness and positive impingement signs of both shoulders) findings, current diagnoses (sprain/strain and tendinitis bilateral shoulders), and treatment to date (medications and physical therapy). 7/24/13 medical report identifies a request for physical therapy 2x6, 8/30/12 medical report identifies "patient to start physical therapy on Sept 3rd," and 9/27/13 report identifies "continue physical therapy." However, there is no documentation of the number of physical therapy sessions completed. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 PHYSICAL THERAPY VISITS FOR THE BILATERAL SHOULDERS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) SHOULDER CHAPTER, SECTION ON PHYSICAL MEDICINE.

**Decision rationale:** The MTUS Chronic Pain Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. ODG recommends a limited course of physical therapy for patients with a diagnosis of sprained shoulder not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of sprain/strain and tendinitis bilateral shoulders. In addition, given documentation of subjective (painful shoulders) and objective (tenderness and positive impingement signs of both shoulders) findings, there is documentation of functional deficits and functional goals. Furthermore, given documentation in a 7/24/13 medical report identifying a request for physical therapy 2x6; a 8/30/13 medical report identifying that the patient was to start physical therapy on 9/3/13; and a 9/27/13 medical report identifying that the patient was to continue physical therapy; there is documentation of previous physical therapy treatments. However, there is no documentation of the number of previous physical therapy treatments completed to date and, if the number of treatments have exceeded guidelines, remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for 12 physical therapy visits for the bilateral shoulders is not medically necessary and appropriate.