

<b>Case Number:</b>	CM13-0044345		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/15/2013
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 55 year old male involved in a work injury on 04/15/13. According to the progress report by [REDACTED] on 10/04/13, the patient has bilateral shoulder pain. The right shoulder is worse than the left shoulder. He states the right shoulder pain has worsened, and the pain is described as a constant burning pain, which increases with any movement of the arm. He performs repetitive lifting of 10 to 15 pound packages at work. He takes Voltaren twice daily for pain and nortriptyline for insomnia at night. The listed diagnosis is Bilateral shoulder impingement syndrome with right rotator cuff tear. MRI right shoulder 09/14/13 shows high-grade partial supraspinatus tear. Exam findings show shoulder active range of motion prior to physical therapy flexion at 160 degrees and abduction 160 degrees. At the initial physical therapy evaluation on 09/11/13 was 140 degrees flexion, 140 degrees abduction. Per progress report 09/18/13, the right shoulder active range of motion increased to 180 degrees on the right and abduction increased to 180 degrees. Hawkins maneuver is positive on the right side. MRI right shoulder 09/14/13 shows high-grade partial supraspinatus tear. The request is for 6 additional physical therapy sessions twice a week for three weeks. Utilization review letter disputed is dated 10/08/13. Reports included in the file were progress reports from 07/24/13 to 10/14/13 and initial physical therapy note on 09/11/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT PHYSICAL THERAPY FOR THE RIGHT SHOULDER ADDITIONAL 6 SESSIONS OF 2 TIMES PER WEEK OVER 3 WEEKS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98,99.

**Decision rationale:** This patient presents with persistent bilateral shoulder pain, worse on the right side. The request is for 6 additional physical therapy sessions twice a week for three weeks for the bilateral shoulders. Recent MRI right shoulder 09/14/13 shows high-grade partial supraspinatus tear. Patient takes anti-inflammatory medication and has tried cortisone injection to the right shoulder. He was authorized 6 sessions of physical therapy with noted improvement after the second session. Patient has been referred to orthopedic surgeon for further evaluation for surgical candidacy. This request for additional therapy was denied by utilization review letter dated 10/08/13. The rationale was that "there is no indication that this claimant has completed the previously authorized six additional treatment from 09/18/2013 through 10/18/2013 based on a 09/11/2013 request." In this case, review of the report dated 09/18/2013 reveals that "the patient has been to 3 visits of physical therapy." 10/04/2013 report shows, "right shoulder pain has worsened to a constant burning pain, which increases with any movement of the arm." MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. When combining what the patient has had with what is requested, the number of therapy sessions exceeds what is recommended by MTUS. Furthermore, although the patient reports improvement in some measures, pain continues requiring possible surgical intervention. Additional therapy does not appear warranted. Recommendation is for denial.