

<b>Case Number:</b>	CM13-0046005		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/08/2013
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Physical Medicine and Rehabilitation 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:

This 42 year-old male patient sustained an injury on 4/8/13 while employed by [REDACTED]. Request under consideration include 9 sessions of physical therapy to the left shoulder. MRI of left shoulder on 7/8/13 showed supraspinatus tendon tear. Physical therapy note of 4/5/13 report feeling the same with continued left shoulder pain 5/10. Patient had completed exercises and was recommended to continue PT for partial rotator cuff tear. Physical therapy note on 8/6/13 from [REDACTED] noted same left shoulder pain complaints at scale of 8/10 with lifting. Assessment noted patient was to use modalities for pacing with home exercise program. Report of 9/23/13 from [REDACTED] noted patient with complaints of lateral and anterior left shoulder pain. Exam showed some decreased range: ff at 150 degrees; abd at 140; ER at 75; some loss of IR at terminal 20 degrees with good rotator cuff strength. It was noted the patient had therapy, using home Therabands and as yet to have steroid injection. Diagnoses included Left shoulder tendinitis with recommendation for steroid injection, work restrictions. Report of 10/21/13 from [REDACTED] noted diffuse pain around left shoulder; injection only offered temporary relief and he had been doing his exercises. Exam again showed some range limitations in multiple planes. Plan included physical therapy and modified work restrictions. Request was non-certified on 10/30/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nine (9) sessions (3x3) of physical therapy to the left shoulder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** This 42 year-old male patient sustained an injury on 4/8/13 while employed by [REDACTED]. Request under consideration includes 9 sessions of physical therapy to the left shoulder. The MRI of left shoulder on 7/8/13 showed supraspinatus tendon tear and a physical therapy note of 4/5/13 reports feeling the same with continued left shoulder pain 5/10. The patient had completed exercises and was recommended to continue PT for partial rotator cuff tear. The physical therapy note on 8/6/13 noted same left shoulder pain complaints at scale of 8/10 with lifting and the assessment noted patient was to use modalities for pacing with home exercise program. The patient has been instructed in a HEP and is reported to be performing them. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received at least 17 therapy sessions per reports by physical therapist and clinic notes without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The 9 sessions of physical therapy to the left shoulder is not medically necessary and appropriate.