

<b>Case Number:</b>	CM13-0048253		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/10/2010
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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:

According to the records made available for review, this is a 64-year-old male with a 3/10/10 date of injury. At the time of the request for authorization for physical therapy for left shoulder, there is documentation of subjective (left shoulder pain and pain at night) and objective (normal left shoulder range of motion and strength) findings, current diagnoses of pain in joint shoulder and lumbar disc displacement without myelopathy, and the treatment to date: medications. There is documentation of a request for physical therapy times twelve (12) for current flare up of pain. The proposed physical therapy times twelve (12), exceeds guidelines (for an initial trial of 6).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) physical therapy sessions for the left shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute (ODG) Guidelines - Shoulder (Acute & Chronic) update 6/12/13 Physical therapy: ODG Physical Therapy Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function

Chapter, page(s) 114, the Official Disability Guidelines (ODG) Shoulder, Physical therapy (PT), and <http://www.odg-twc.com/pre>

**Decision rationale:** The ACOEM guidelines identify the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, as the criteria necessary to support the medical necessity of physical therapy. The Official Disability Guidelines recommend a limited course of physical therapy for patients with a diagnosis of impingement syndrome not to exceed ten (10) sessions over eight (8) weeks; and documentation of exceptional factors when treatment duration and/or number of visits exceeds the guidelines, as the criteria necessary to support the medical necessity of physical therapy. In addition, the guidelines identify documentation of an initial course of up to six (6) visits to determine whether the patient is responding favorably to physical therapy treatment. Within the medical information available for review, there is documentation of diagnoses of pain in the joint shoulder and lumbar disc displacement, without myelopathy. In addition, there is documentation of a request for physical therapy times twelve (12) for current flare-up of pain. However, the proposed physical therapy times twelve (12), exceeds guideline recommendation for an initial trial of six (6). Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.