

<b>Case Number:</b>	CM13-0053206		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/19/2011
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 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 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:

The injured worker is a 62-year-old male who reported an injury on 10/19/2011 caused by an unspecified mechanism. The injured worker had a history of left shoulder pain with a diagnosis of a left shoulder rotator cuff tear. The past surgery dated 02/21/2012 included left shoulder arthroscopy with arthroscopic subacromial decompression, debridement of a type I superior labrum anterior to posterior lesion and a rotator cuff repair. The past treatments included 25 visits of physical therapy for the left shoulder and an injection to the left shoulder secondary to pain. The objective findings per the clinical note on 06/27/2014 revealed that the injured worker had improved range of motion and strength to the left shoulder with flexion at 170 degrees, abduction 170 degrees and external rotation at the side of the body at 90 degrees. The motor testing was a 5/5 to the left shoulder; there was tenderness to palpation of the left rotator cuff tendon and proximal biceps tendon. There was no indication of a treatment plan. No Request for Authorization was submitted. No rationale was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY ONCE A WEEK FOR SIX WEEKS FOR THE 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 Physical Medicine Page(s): 99.

**Decision rationale:** The request for physical therapy once a week for 6 weeks for the left shoulder is not medically necessary. Per the California MTUS Guidelines, indicate that active physical therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function and range of motion and can alleviate discomfort. Injured workers are instructed in and expected to continue with active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines also indicate to allow for a fading of treatment frequencies from up to 3 visits per week to 1 or less plus active, self-directed home physical medicine. 9 to 10 visits over 4 weeks is recommended for myalgia. The documentation provided did not support the medical necessity for an additional 6 visits. The physical therapy notes indicate that the injured worker's muscles were a 4-/5 and flexion 165 degrees. The physical therapy notes are over two years old and indicate that the injured worker would need surgery. Per the documentation, it was evident that the injured worker had already had 25 visits of physical therapy. The 25 completed visits and the additional 6 visits exceeds the recommended visits. As such, the request for physical therapy once a week for 6 weeks for the left shoulder is not medically necessary.