

<b>Case Number:</b>	CM13-0061462		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	09/14/2012
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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, 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 58-year-old female who reported an injury on 09/14/2012. Within the documentation provided, the mechanism of injury was noted as the injured worker attempted to prevent one of the kids from doing a handstand. As noted on the physical therapy daily note dated 10/28/2013, the injured worker complained of left shoulder pain with limited range of motion, muscle weakness, and joint stiffness. Muscle testing of the left upper extremity noted the following: scapular protraction and retraction were -4/5, shoulder abduction was -4/5, shoulder extension was -5/5, and shoulder flexion and internal/external rotation were -4/5. Range of motion testing of the left upper extremity with active range of motion noted the following: flexion 135, abduction 125, external rotation at 45 degrees was 30 and at 90 degrees was 50, and internal rotation at 90 degrees was 20. The injured worker's diagnoses included left closed fracture metacarpal bone and adhesive capsulitis of the left shoulder. Previous treatments included 40 sessions of physical therapy, home exercise program, and medications. The documentation provided noted the medications as Maxzide 75/50mg, Norvasc 5mg, potassium chloride 10mEq, and Actigall 300mg. The provider request was for physical therapy three times a week for four weeks for the left shoulder. The request for authorization form dated 11/07/2013 was provided with the documentation submitted for review. The rationale for the request was noted as to continue to help with range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, three (3) times a week for four (4) weeks to left shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 9-6: Summary of recommendations for evaluating and managing shoulder complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical therapy guidelines.

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

**Decision rationale:** The injured worker has a history of left shoulder and left hand pain and has completed 40 sessions of physical therapy as of 10/28/2013. The California MTUS Guidelines recommendation of physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The MTUS guidelines further state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS guidelines also state to allow for a fading of treatment frequency (from up to three visits per week to one or less), plus active self-directed home physical medicine. The MTUS guidelines recommendation for physical medicine treatment is 9 to 10 visits over 8 weeks. The documentation submitted for review noted the injured worker remained on restrictions of lifting no more than three pounds and the injured worker continued to complain of difficulty in reaching in all directions with the left upper extremity. The documentation also noted 40 physical therapy visits completed, which far exceeds the California MTUS presurgery recommendation. There is a lack of documentation noted within the physical therapy clinical notes to indicate the injured worker has made substantial improvements in range of motion and strength to warrant additional therapy. Overall, there is a lack of documentation indicating improved functional capacity with current course of treatment. Based on the above noted, the request for physical therapy, three (3) times a week for four (4) weeks to left shoulder is non-certified.