

<b>Case Number:</b>	CM13-0070982		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	10/12/2012
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Occupational Medicine, 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 patient is a 53 year old female who was injured on 10/12/2012. She states that she fell out of a chair at work, sustaining a twisting injury to her neck, left shoulder and left hip. Prior treatment history includes the following medications: 1. Hydrocodone 10/325 mg 2. Diclofenac Sodium 100 mg 3. Pantoprazole Sodium 20 mg 4. Cyclobenzaprine 7.5 mg She was also treated with physical therapy and chiropractic treatment. Diagnostic studies reviewed include x-rays of the left shoulder and humerus showing spurring on the undersurface of the acromion. Progress note dated 12/12/2013 documented the patient with complaints of left shoulder pain located primarily in the anterior aspect of the shoulder. The pain is exacerbated by overhead activities. She has pain when sleeping on the shoulder. She complains of weakness in the shoulder. Objective findings on examination of the left shoulder reveal shoulder contours to be equal bilaterally. There is no swelling, atrophy, asymmetry or ecchymosis present. There is pain elicited to palpation over the anterior aspect of the shoulder. There is no spasm of the left shoulder girdle musculature appreciated. The range of motion in shoulders is equal bilaterally. Gripping capacity measurements on the left 20/20/10. Motor strength is normal. DTRS are bilaterally normal. Sensation to pinwheel sharp/dull differentiation in the thumb, index and long fingers of the left hand. Two point discrimination is 7 mm in the thumb, index, and long fingers of the left hand with normal of 6 mm or less. No atrophy is noted with girth measurements. Impingement test I and II are positive. Apprehension sign, glenohumeral joint stability, humeral relocation test, drop arm test, Yergason's test, Hoffman sign and vasomotor sign are all negative. Diagnosis: Left shoulder impingement syndrome. PR-2 dated 01/07/2014 documented the patient with complaints of left shoulder pain which she rates 3/10. Objective findings on examination of the left shoulder reveal positive Apprehension, Neer's and Hawkin's sign. Treatment Plan:

Requesting authorization for physical therapy three times a week for four weeks for the cervical spine and left shoulder.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **PHYSICAL THERAPY 2XWK X 4WKS LEFT SHOULDER: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines.

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

**Decision rationale:** As per CA MTUS and ODG guidelines, Physical Therapy (PT) allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. The recommended PT sessions for Impingement (Rotator cuff) syndrome are 10 visits over 8 weeks. Although the medical records dated 12/12/2013 address that the patient was treated with medications, PT as well as Chiropractic treatment, they do not document the number of visits the patient had received. Therefore, on the lack of documentation, the medical necessity of Physical Therapy 2/week for 4 weeks has not been established.