

<b>Case Number:</b>	CM14-0002576		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	12/16/2010
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 male with an injury reported on 12/16/2010. The mechanism of injury was not provided within the clinical notes. The clinical note dated 03/05/2013, reported that the injured worker complained of discomfort to right shoulder. Per examination report of the right shoulder revealed forward flexion was to 140 degrees and abduction was to 130 degrees with moderate discomfort. Physical therapy note dated 10/17/2013 reported the injured worker complained of a burning pain and numbness to the right shoulder. The injured worker's diagnosis included status-post right shoulder open distal clavical excision. The request for authorization was submitted on 01/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **18 SESSIONS OF PHYSICAL THERAPY SERVICES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** The request for 18 sessions of physical therapy services is not medically necessary. Physical therapy note dated 10/17/2013 reported the injured worker complained of a

burning pain and numbness to the right shoulder. According to the California MTUS guidelines active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. It was noted per clinical documentation that the injured worker had completed entire physical therapy and is doing well. The clinical information continued and stated that the injured worker will continue with self-directed activities for the next 6 weeks. There is a lack of clinical information provided indicating recent diagnoses that would contribute to the need of additional physical therapy sessions. There was also a lack of documentation indicating that the injured worker had significant physical exam findings to include functional deficits. Moreover, the clinical information is not specific on the amount of physical therapy which had been provided, just that the injured worker had completed entire physical therapy. Therefore, the request for 18 sessions of physical therapy services is not medically necessary or appropriate.