

<b>Case Number:</b>	CM14-0005085		
<b>Date Assigned:</b>	05/23/2014	<b>Date of Injury:</b>	04/08/2012
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 51 year young female with a date of work injury April 8, 2012. Her diagnoses includes right shoulder sprain/strain with impingement status post right shoulder arthroscopic acromioplasty, subacromial decompression and distal clavicle resection on 10/1/13; lumbar sprain/strain with L5-S1 disc protrusion. There is a request for physical therapy two (2) times per week for six (6) weeks, to the right shoulder and lumbar spine. A January 28, 2013 right shoulder MRI revealed tendinopathy of the supraspinatus and infraspinatus tendons with interstitial tear in the supraspinatus tendon with delaminating component and intramuscular cyst as described. There was not a full-thickness rotator cuff tear. A May 23, 2012 lumbar MRI revealed a 3mm right paramedian disc protrusion at L5-S1, which mildly impinges upon the right S1 nerve root. A September 10, 2013 document states that the patient has had some physical therapy, but she feels the chiropractic care is more helpful. Her pain is about the same. She still has shoulder pain and persistent low back pain. She has been working modified duty. According to a progress report dated December 13, 2013, the patient is doing well. The pain was better. The patient's low back pain was the same. Medications had been very helpful in relieving her symptoms. The patient was prescribed Anaprox OS, Methoderm, and Prilosec. She had reportedly started physical therapy. Examination revealed right shoulder and lumbar tenderness, decreased lumbar range of motion by about 20 percent. There was a negative bilateral femoral stretch, equivocal straight leg raise and bowstring on the right, and normal reflex, sensory and power testing in the bilateral upper and lower extremities. The right shoulder was not tested. Physical Therapy was recommended. There is a January 8, 2014 primary treating physician document that states that the patient still has dull throbbing shoulder pain and is recovering as expected. The flexion is 90 and abduction is 145. The plan was that the patient would benefit from additional physical

therapy. The January 16, 2014 physical exam revealed good scapular control. Palpation revealed tenderness in the trapezial area. Range of motion included an abduction of 160, flexion of 155, and extension of 30.

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

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

#### **PHYSICAL THERAPY, TWO TIMES PER WEEK FOR SIX (6) WEEKS, FOR THE RIGHT SHOULDER:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The request for physical therapy, two (2) times per week for six (6) weeks, for the right shoulder is medically necessary. According to the Post-Surgical Treatment Guidelines, the patient is allowed up to 24 visit of post op physical therapy after her shoulder surgery. Therefore, the request for 12 visits of physical therapy for the shoulder is appropriate for this patient. The documentation indicates on March 6, 2014 the patient had 9 post-op visits with progress in range of motion and strength on the shoulder. The documentation indicates that the patient is making gains but needs work on range of motion still. The documentation does not indicate that pateint has exceeded the recommendations of 24 visits. Therefore the request for physical therapy, two (2) times per week for six (6) weeks, for the right shoulder is medically necessary.

#### **PHYSICAL THERAPY, TWO TIMES PER WEEK FOR SIX (6) WEEKS, FOR THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 12-8. 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:** The request for physical therapy, two (2) times per week for six (6) weeks, for the lumbar spine is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend up to 10 visits for the lumbar spine. The documentation indicates that the patient has had lumbar spine physical therapy in the past without relief. Furthermore it is not clear how much lumbar spine physical therapy the pateint has had. Therefore the request for physical therapy, two (2) times per week for six (6) weeks, for the lumbar spine is not medically necessary.