

<b>Case Number:</b>	CM14-0006105		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	11/17/2011
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, 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, who has submitted a claim for spinal stenosis in the cervical region, associated with an industrial injury date of November 17, 2011. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of persistent neck, shoulder and left arm pain. On physical examination of the cervical region, there is loss of cervical extension with very slight loss of rotation. On examination of the left shoulder, there is loss of forward flexion and abduction. There is positive Tinel's and Impingement sign on the left. MRI of the cervical spine, done on February 17, 2012, showed degenerative changes in the lower spine with severe stenosis at the level of C5-C6. MRI of the C spine, done on January 25, 2012, showed left shoulder strain, high-grade partial-thickness supraspinatus tendon tear, cervical strain and cervical disc disease. MRI of the left shoulder, done on January 4, 2012, showed rotator cuff tendinosis, with high grade partial thickness tear, at the distal supraspinatus tendon is noted. Degeneration of the superior glenoid labrum is identified. Treatment to date has included medications, and anterior cervical discectomy and fusion. Utilization review from December 30, 2013, denied the request for physical therapy left shoulder eighteen sessions because the patient has had undocumented sessions of physical therapy. likewise, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY LEFT SHOULDER 18 SESSIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment are paramount. In this case, the patient already had several sessions of Physical Therapy (PT) with no documented functional improvements. In addition, the patient should already be well-versed in self-directed home exercise program. There is no clear rationale for re-enrollment to physical medicine. The request for eighteen sessions of physical therapy for the left shoulder is not medically necessary or appropriate.