

<b>Case Number:</b>	CM14-0006712		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/03/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 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 59-year-old female with a reported date of injury of 12/23/2013. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include chronic cervicothoracic strain, moderate degenerative disc disease to C5-6, bilateral shoulder impingement syndrome, and advanced degenerative disc disease to L5-S1. Her previous treatments were noted to include physical therapy, ice, a home exercise program, medications, chiropractic treatment, and acupuncture. The injured worker complained of constant cervical spine pain rated 4/10. The injured worker does have a decreased range of motion to the cervical spine. The injured worker complained of constant right shoulder pain rated 4/10 to 5/10 with a heavy numb-like feeling in her shoulder. The injured worker complained of constant left shoulder pain rated 3/10 with a heavy numb-like feeling in her shoulder. The physical examination to the right shoulder noted tenderness anteriorly, laterally, and superiorly. There was a resisted salute test was positive and the drop arm test and resisted abduction were negative. The pulse diminution with abduction/external rotation was unable to be tested secondary to range of motion. The physical examination of the left shoulder noted tenderness anteriorly and laterally. The resisted salute was positive and the drop arm test and resisted abduction were negative. The pulse diminution with abduction/external rotation was unable to be tested secondary to the range of motion. The shoulder range of motion was noted to be diminished and resisted motor strength was rated 5/5 bilaterally. The range of motion to the right/left shoulder was flexion was to 90 degrees, extension to 30 degrees, abduction was to 90 degrees, adduction was to 25/15 degrees, internal rotation was to 10/40 degrees, and external rotation was to 50/40 degrees. The provider indicated the injured worker claimed a specific injury to her bilateral shoulders with her fall. The Request for Authorization form was not submitted within the

medical records. The request was for physical therapy 2 times per week times 6 weeks for the bilateral shoulders.

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

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

**Physical Therapy 2 x week for 6 weeks for Bilateral Shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** The request for physical therapy 2 times per week times 6 weeks for the bilateral shoulders is not medically necessary. The injured worker has received previous physical therapy sessions. The California MTUS Chronic Pain Medical Treatment Guidelines recommend active therapy 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. 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 and resistance and functional activities with assistive devices. The guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. The injured worker has received previously 6 sessions of physical therapy but there is a lack of documentation regarding quantifiable objective functional improvement with previous physical therapy. The documentation provided indicated current measurable functional deficits. However, without quantifiable objective functional improvements from physical therapy sessions, additional physical therapy is not warranted at this time. Additionally, the request for 12 sessions of physical therapy exceeds the guideline recommendations. Therefore, the request is not medically necessary.