

<b>Case Number:</b>	CM14-0106246		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	04/26/2011
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Internal 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 injured worker is a 28-year-old male with a reported date of injury on 04/26/2011. The injury reportedly occurred when he tripped over a hole on the ground and fell down the stairs. His diagnoses were noted to include status post right shoulder surgery for grade 3 acromioclavicular separation and tendinitis, right shoulder pain, cervical musculoligamentous sprain/strain and neck pain. His previous treatments were noted to include surgery, physical therapy and medications. The progress note dated 04/03/2014, revealed complaints of right shoulder pain with certain movements and intermittent low back pain. The physical examination of the cervical spine revealed the range of motion was diminished with flexion to 40 degrees, extension was to 60 degrees, bending was to 20 degrees and bilateral rotation was to 60 degrees. There was a slight spasm noted and the motor strength was rated 5/5 to the upper extremities with a negative Spurling's. The shoulder examination revealed a diminished range of motion with 150 degrees of elevation, external rotation was to 90 degrees to the bilateral shoulder, internal rotation was to 70 degrees to the right and 80 degrees to the left, adduction was to 30 degrees bilateral and there was a slightly positive impingement sign to the right shoulder. The Request for Authorization form was not submitted within the medical records. The request was for physical therapy 2 times a week for 6 weeks to the right shoulder and cervical spine to increase the range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two (2) times a week for six (6) weeks for the right shoulder:** 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 Physical Medicine Page(s): 98-99.

**Decision rationale:** The request for physical therapy 2 times a week for 6 weeks for the right shoulder is not medically necessary. The injured worker has a decreased range of motion to the right shoulder. The California Chronic Pain Medical Treatment Guidelines recommend active therapy based on the philosophy that therapeutic 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 to and expected to continue with 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. The guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. The injured worker indicated he had completed 12 previous sessions of physical therapy; however, there is a lack of documentation regarding quantifiable objective functional improvement with previous physical therapy sessions. Therefore, despite the current measurable functional deficits, due to the lack of quantifiable objective functional improvement with previous physical therapy, additional physical therapy is not appropriate at this time. Additionally, the request for 12 sessions of physical therapy exceeds guideline recommendations. Therefore, the request for Physical Therapy for the right shoulder is not medically necessary.

**Physical therapy two (2) times per week for six (6) weeks for the cervical spine:** 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 Physical Medicine Page(s): 98-99.

**Decision rationale:** The request for physical therapy 2 times per week times 6 weeks for the cervical spine is not medically necessary. The injured worker has had previous 12 sessions of physical therapy. The California Chronic Pain Medical Treatment Guidelines recommend active therapy based on the philosophy that therapeutic 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 to and expected to continue with 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. The guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. The documentation provided indicated the injured worker had been approved for 6 sessions of physical therapy; however, there is a lack of documentation regarding quantifiable

objective functional improvement from the previous 6 physical therapy sessions. There is a lack of documentation regarding current measurable functional deficits and the request for 12 sessions of physical therapy exceeds guideline recommendations. Therefore, the request for Physical Therapy for Cervical Spine is not medically necessary.