

<b>Case Number:</b>	CM14-0106348		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	08/11/1997
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/09/2014
<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 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:

According to the records made available for review, this is a 72-year-old male with an 8/11/97 date of injury. At the time (6/2/14) of request for authorization for 12 physical therapy visits for the bilateral shoulders, 2 times per week for 6 weeks, there is documentation of subjective (chronic bilateral shoulder pain) and objective (left shoulder painful arc with abduction, positive impingement findings, palpable tenderness over the biceps tendon at the bicipital groove, positive Speed's test, and pain elicited with testing of the supraspinatus) findings, current diagnoses (bilateral shoulder impingement syndrome, left shoulder biceps tendinitis, and bilateral shoulder acromioclavicular joint degenerative joint disease), and treatment to date (at least 6 sessions of physical therapy over the past month with significant improvement of range of motion and muscle strength).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) physical therapy visits for the bilateral shoulders, 2 times per week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical therapy

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of impingement syndrome not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of bilateral shoulder impingement syndrome, left shoulder biceps tendinitis, and bilateral shoulder acromioclavicular joint degenerative joint disease. In addition, there is documentation of at least 6 physical therapy sessions completed to date. Furthermore, given documentation of significant improvement of range of motion and muscle strength with previous physical therapy, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of physical therapy provided to date. However, the proposed number of sessions exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for Twelve (12) physical therapy visits for the bilateral shoulders, 2 times per week for 6 weeks is not medically necessary and appropriate.