

<b>Case Number:</b>	CM14-0014205		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	04/14/2003
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 Tennessee. 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 56-year-old female who has submitted a claim for bilateral shoulder impingement syndrome status post left shoulder subacromial decompression and open rotator cuff repair, bilateral carpal tunnel syndrome status post carpal tunnel release, cervical sprain/strain with disc protrusion at C5-6, associated with an industrial injury date of April 14, 2013. Medical records from May 2013 through January 2014 were reviewed, which showed that the patient complained of bilateral shoulder pain graded 7/10 radiating down the arms. Physical examination revealed tenderness in the subacromial bursa and biceps tendons with positive impingement signs and negative Jobe, Speed and Hawkin's tests. Limitation in range of motion (ROM) of both shoulders were noted. Treatment to date has included medications, right carpal tunnel release, left carpal tunnel release, left shoulder subacromial decompression and open rotator cuff repair, left shoulder arthroscopy, distal clavicle resection and repeat open rotator cuff repair, right subacromial decompression and rotator cuff repair, 32 sessions of post-operative physical therapy (PT), right shoulder arthroscopic debridement of partial superior labral tear from anterior to posterior (SLAP) lesion, debridement of the under-surface of the rotator cuff, open repair of recurrent rotator cuff tear plus revision acromioplasty and placement of a pain buster catheter into the subacromial bursa, and 20 additional sessions of physical therapy (PT). Utilization review from January 9, 2014 denied the request for physical therapy once a week for four weeks because there is no rationale as to why the patient would need additional supervised physical therapy (PT) when she has had more than sufficient amount of formalized physical therapy (PT) over the years to be well-versed in her home care self-management techniques.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY (PT) ONE (1) TIME A WEEK FOR (4) WEEKS FOR THE BILATERAL SHOULDERS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical therapy.

**Decision rationale:** According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Guidelines allow for fading of treatment frequency from up to three visits per week to one or less plus active self-directed home physical medicine. In addition, the Official Disability Guidelines recommend 10 visits over 8 weeks for impingement syndrome of the shoulder. In this case, the patient previously underwent 32 sessions of post-operative PT and an additional 20 sessions of physical therapy. The patient has had more than an adequate number of supervised PT sessions for her condition and she is expected to be well versed in a self-directed home exercise program by now. Furthermore, the present request would exceed the number of physical therapy sessions recommended by the guidelines. Therefore, the request for physical therapy (PT) one (1) time a week for four (4) weeks for the bilateral shoulders is not medically necessary.