

<b>Case Number:</b>	CM14-0015834		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	02/21/2008
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Occupational 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:

This is a 53-year-old male patient with a 2/21/08 date of injury. A progress report dated on 12/3/13 was hand written and partially illegible. The report indicated that the patient felt 60-70 % better. Objective findings revealed that flexion was 158 degrees, extension was 40 degrees, and there was less tenderness to palpation. He was diagnosed with left shoulder partial RCT and impingement, left shoulder SLAP tear, and adhesive capsulitis. Treatment to date: physical therapy. 2/04/14 physical therapy note stated that the patient was feeling better and he was able use his left arm with activities of daily living. There was recommendation to discharge to home exercise. There is documentation of a previous 1/27/14 adverse determination, based on the fact that in last physical examination the patient did not have pain in exercise.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 PHYSICAL THERAPY SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Pain, Suffering, and the Restoration of Function Page(s): 98-99 AND 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter: Physical Therapy Guidelines.

**Decision rationale:** The California MTUS stresses the importance of 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 is paramount. Physical Medicine Guidelines: Allow for fading of treatment frequency. There was documentation that the patient had already completed a total of 12 physical therapy sessions. There was documentation of denial of 4 physical therapy session on a 1/23/14 UR decision. However, there was evidence that 4 physical therapy sessions were done on 2/4/14. In addition, ODG recommends 10 sessions of physical therapy for rotator cuff syndrome/Impingement syndrome. The number of physical therapy sessions already completed exceeds guidelines recommendations. In addition, it was unclear why the patient has not been able to transit successfully to a home exercise program. Therefore, the request for 4 physical therapy sessions was not medically necessary.