

<b>Case Number:</b>	CM14-0015949		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	08/23/2002
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/03/2014
<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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 50-year-old male who reported an injury on 08/23/2002. The mechanism of injury was not provided in the medical records. The patient's diagnoses include rotator cuff syndrome, bursitis, bicipital tenosynovitis, and brachial plexus injury. His previous treatments included medications, physical therapy, H-wave, and trigger point injections. Within the most recent clinical note dated 12/10/2013, the injured worker reported that he had ongoing pain in his right shoulder. He rated his pain at 7 on a scale of 0 to 10. The injured worker indicated that he tried a TENS unit with 40% to 60% relief and medications with 40% to 60% relief of the pain. The physician reported the injured worker was able to do his dressing and grooming but had difficulty with bathing, cleaning, cooking, driving, and sexual activity. On examination of the right shoulder, the physician reported there was tenderness to palpation in the AC joint, axillary patch, and the upper trapezius on the right side. The physician reported forward flexion of the right shoulder was 160 degrees, extension 30 degrees, abduction 120 degrees, and adduction 40 degrees. The internal rotation was noted at 70 degrees and the external rotation 60 degrees. The physician reported the injured worker had functional improvement with physical therapy and his home exercise program. The physician reported that the injured worker had a recent exacerbation of his condition and recommended physical therapy to assist increasing range of motion and functional independence with activities of daily living. The current request is for continued physical therapy 2 x 3 visits for the right shoulder to increase range of motion, improve flexibility, and increase functional independence with activities of daily living. The request for authorization was provided in the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUED PHYSICAL THERAPY 2 X 3 VISITS FOR THE RIGHT SHOULDER:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

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

**Decision rationale:** The current request for continued physical therapy 2 x 3 visits for the right shoulder is not medically necessary. The Chronic Pain Medical Treatment Guidelines for Physical Medicine indicate active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instructions. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less) plus active self-directed home medicine. The treatment recommendations for myalgia and myositis is 9 to 10 visits over 8 weeks. As the injured worker was noted to have previously had physical therapy, details are needed including number of visits completed and measurable objective functional gains made with the treatment, prior to continuing therapy. The clinical note indicated the injured worker had decreased range of motion with flexion and extension. The physician also reported that the injured worker had improved with his previous physical therapy and home exercise program. Despite the documentation that the injured worker has had an exacerbation of his condition with decreased range of motion with flexion and extension in his right shoulder, it is unclear to how many previous sessions of physical therapy the injured worker had completed and if objective functional gains were made with the therapy. Therefore, the request for continued physical therapy 2 x 3 visits for the right shoulder is not medically necessary.