

<b>Case Number:</b>	CM14-0016271		
<b>Date Assigned:</b>	03/05/2014	<b>Date of Injury:</b>	03/05/2010
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 injured worker is a 57-year-old male who reported an injury on 05/05/2010. The mechanism of injury was due to the injured worker tripping over a cable, falling and hurting his back and shoulder. The injured worker has diagnoses of depression, anxiety, right shoulder pain, chronic pain, right upper extremity pain, rotator cuff tear/repair/revision, and biceps tendon rupture. Past medical treatment consists of surgery, the use of electrical stimulation, acupuncture, physical therapy, injections, ice/heat packs, a home exercise program, and medication therapy. Medications include Lexapro, Motrin, Soma, Xanax, and Percocet. The injured worker has undergone right shoulder arthroscopy 3 times and umbilical hernia surgery 3 times. On 03/19/2014, the injured worker complained of right shoulder pain. It was noted on physical examination that the injured worker had a pain rate of 9/10. Physical examination of the right upper extremity and right shoulder revealed a well healed surgical scar. There was tenderness noted at the right AC joint and right rotator cuff. There was also tenderness noted at the right anterior shoulder and right posterior shoulder. Range of motion of the right shoulder was decreased, revealing a flexion of 70 degrees, abduction of 70 degrees, and extension of 40 degrees. Motor examination showed decreased strength of flexor and extensor muscles in the right upper extremity. Medical treatment plan is for the injured worker to continue physical therapy of the right shoulder. The rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

**Decision rationale:** The request for physical therapy of the right shoulder is not medically necessary. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise 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 and expected to continue active therapy at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend up to 10 visits of physical therapy. The submitted documentation indicated that the injured worker had already completed 24 sessions of physical therapy; the efficacy of such prior therapy was not submitted for review. The provider also failed to submit a rationale as to how additional physical therapy would help the injured worker with any functional deficits he might have had. It is also unclear how the injured worker would not benefit from a home exercise program. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request is not medically necessary.