

<b>Case Number:</b>	CM14-0111212		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/01/2013
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 60-year-old male with a 10/1/13 date of injury, when he injured his neck and left shoulder while lifting debris wrapped in a tarp. The patient was seen on 6/6/14 for the follow up visit. The patient was progressing with physical therapy but had a flare-up of his pain. The physical examination revealed pain along anterior and lateral shoulder and the patient was not able to elevate the shoulder due to pain. The progress report was handwritten and somewhat illegible. The patient was seen on 7/29/14 with complaints of persistent pain in the shoulder. The patient accomplished 3 sessions of physical therapy (PT) and 5 additional sessions were requested. Exam findings revealed improved range of motion in all planes. The remainder of the notes was handwritten and somewhat illegible. The diagnosis is partial rotator cuff tear, labral tear of the left shoulder. Treatment to date: 18 sessions of PT, work restrictions and medications. An adverse determination was received on 6/19/14. The request for Physical therapy to the left shoulder Qty: 8.00 was modified to qty: 3.00 given that additional 3 visits were approved to address the patient's flare-up and establish an independent home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy to the left shoulder Qty: 8.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) General Approaches, Pain, Suffering, and the Restoration of Function Chapter 6 (page 114) Official Disability Guidelines (ODG) Shoulder Chapter

**Decision rationale:** CA 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. In addition, the ODG Guidelines recommend 10 visits over 8 weeks for the Rotator cuff syndrome/Impingement syndrome medical treatment. There is a lack of documentation indicating that the patient underwent surgery for his shoulder. The progress notes indicated that the patient accomplished around 18 sessions of PT. It is not clear why the patient cannot transition into an independent home exercise program given, that he already exceeded the recommended length of the treatment due to the guidelines. Therefore, the request for Physical therapy to the left shoulder Qty: 8.00 is not medically necessary.