

<b>Case Number:</b>	CM14-0111940		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/31/2008
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 Pain Medicine and is licensed to practice in Texas. 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 sustained an injury to his left shoulder on 07/31/08 when his ladder slipped, causing him to fall off a roof. He caught himself on the truss with his left hand causing dislocation of the shoulder. Plain radiographs on 06/29/09 revealed interval healing of proximal left humerus fracture with no bony malalignment. Qualified medical evaluation dated 11/09/10 reported that the injured worker was at 38% permanent disability. Future medical care should have included medications, physical therapy, injections, and surgery to the bilateral shoulders. A clinical note dated 06/13/14 reported that the injured worker rated his pain about the same at 7/10 visual analogue scale (VAS). He was very apprehensive about moving his left shoulder. Physical examination noted range of motion 20-150 degrees of abduction/forward flexion; apprehension test improved; fair to good strength and sensation was intact in the bilateral upper extremities. The injured worker also noted neck pain. He was diagnosed with left shoulder fracture, persistent pain phenomenon, and myofascial pain. Treatment to date included authorization of at least twelve physical therapy visits between 06/18/14 and 08/02/14, nerve conduction studies, EMG and plain radiographs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical Therapy Visits for left shoulder:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, Physical therapy.

**Decision rationale:** The request for 12 physical therapy visits for the left shoulder is not medically necessary. The previous request was denied on the basis that clarification was needed regarding the number of previously completed physical therapy visits for the left shoulder, and pertinent details such as dates of service and the patient or injured worker response to prior treatment. Also, the requested 12 visits exceeded guideline recommendations for his shoulder condition. Moreover, the solitary report did not document objective measures of functional deficits that need to be addressed by the requested therapy. There was no mention that a surgical intervention had been performed or was anticipated. The Official Disability Guidelines recommended up to 10 visits over eight weeks for the diagnosed injury with allowing for fading of treatment frequency from up to three visits per week to one or less, plus active self-directed home physical therapy. There was no indication that the injured worker was actively participating in a home exercise program. There was no additional significant objective clinical information provided that would support exceeding the Official Disability Guideline recommendations, either in frequency or duration of physical therapy visits. Given this, the request for 12 physical therapy visits for the left shoulder is not indicated as medically necessary.