

<b>Case Number:</b>	CM14-0112368		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	03/04/2014
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 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:

The injured worker is a 54-year-old female who sustained an injury on 3/5/14. As per 6/20/14 report, she presented with right shoulder pain which was burning, moderate discomfort, intermittent, and worse with activity. Examination of the right shoulder revealed tenderness to palpation over the acromioclavicular joint and anterior aspect of the shoulder at the long head proximal biceps tendon; additionally she had decreased flexion, abduction and external rotation, positive Neer's and Hawkin's tests, and positive horizontal cross adduction test. MR/CT right shoulder arthrogram dated 4/17/14 revealed mild thickening and moderate intrinsic heterogeneity of the proximal long head biceps tendon across the anterior-superior right humeral head to the biceps-Iabral anchor compatible with moderate proximal long head biceps tendon strain/tendonitis, approximately 3-4 mm thick x 5 mm transverse foci of irregular curvilinear defect at the superior glenoid labrum and biceps-Iabral anchor compatible with intrinsic degeneration/fraying (SLAP type II-III lesion) of the superior glenoid labrum, and stable mild to moderate arthropathy of the right acromioclavicular joint. She is currently on only Celebrex which helps. She has had two right shoulder subacromial bursa injections recently with 30% relief of her pain. Prior treatments included 10 sessions of PT, home exercise program (HEP), treatment modalities like electrical stimulation, infrared, ultrasound, modified duty, and medications; she was reportedly responding well to physical therapy. Diagnoses include severe right shoulder impingement, moderate-to-severe right long head proximal biceps tendinitis and possible SLAP lesion. The request for additional PT 3 x 3 for right shoulder was modified to PT x2 visits for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional PT 3 x 3 fro right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (updated 4/25/14)- Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Other Medical Treatment Guideline or Medical Evidence:

**Decision rationale:** As per CA MTUS guidelines, physical medicine 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. ODG guidelines for shoulder impingement syndrome, allow 10 PT visits over 8 weeks. CA MTUS - Physical Medicine; Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, the IW has had extensive post-surgical physical therapy. There is no record of any progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. Furthermore, there is no mention of the patient utilizing an HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Additionally, the request for physiotherapy would exceed the guidelines. Therefore, the request for additional 9 PT visits is considered not medically necessary in accordance to guidelines.