

<b>Case Number:</b>	CM14-0127066		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	04/27/2011
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of April 27, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated July 7, 2014, the claims administrator partially approved a request for 12 sessions of physical therapy as two sessions of the same. The claims administrator stated that the applicant could/can transition to a home exercise program and further suggested that the attending provider has failed to document the applicant's response to earlier treatment. The applicant's attorney subsequently appealed. In a progress note dated May 15, 2014, the applicant reported ongoing complaints of left shoulder pain, 6/10. It was stated that the applicant was continuing with home exercises of his shoulder. It was stated the applicant had sustained a traumatic partial dislocation of the shoulder and a traumatic injury to the axillary nerve. The applicant had also superimposed low back pain complaints, it was stated. An interferential unit, wrist splinting, home exercises, urine drug screen, and neurosurgery consultation were sought. Work restrictions were endorsed. It was not clear whether the applicant was working with said limitations in place. In a February 27, 2014 orthopedic consultation, however, it was suggested that the applicant was off of work and had received disability benefits for one year and two months. In an April 10, 2014 progress note, work restrictions and home exercises were endorsed. It was stated that the applicant had limited shoulder range of motion with flexion to 110 degrees. 4/10 shoulder pain was appreciated, exacerbated by lifting and reaching overhead. In an August 27, 2013 Medical-legal Evaluation, it was stated that the applicant was working full-time modified duty work. Additional physical therapy was sought via an RFA form received on July 2, 2014, the claims administrator posited.

On June 20, 2014, the applicant reported ongoing complaints of 7/10 left upper extremity pain. The applicant was given diagnosis of lumbar strain, a historical traumatic partial dislocation of the shoulder, posttraumatic injury to axillary nerve, and bilateral carpal tunnel syndrome. The applicant stated that he had been discharged by his employer as his employer was apparently unable to provide him with a position with his restrictions in place. Work restrictions were again endorsed. Home exercises and a neurosurgery consultation were also endorsed. Twelve sessions of physical therapy were endorsed via a handwritten RFA form dated June 26, 2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Twelve (12) Physical Therapy sessions for the Right Shoulder, three times per week for 4 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine topic Page(s): 98.

**Decision rationale:** As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are expected to continue active therapies at home as an extension of the treatment process. In this case, it has not been clearly stated why the applicant cannot continue active therapies at home. The applicant was consistently described on multiple office visits, referenced above, as independently performing home exercises. The MTUS Guideline in ACOEM Chapter 3, page 48 further notes that it is incumbent a prescribing provider to furnish a prescription for physical therapy with "clearly stated treatment goals." In this case, however, the requesting provider did not clearly state treatment goals. There was no mention of further formal physical therapy being endorsed in the June 26, 2014 progress note which accompanied the June 26, 2014 RFA form. The accompanying progress note simply suggested that the applicant could continue home exercises without further formal physical therapy or further formal instruction. It was not clear, furthermore, what the goals of the proposed additional treatment are, going forward. The applicant apparently no longer has a job to return to and has been terminated by his former employer. At this late stage in the life of the claim, it appears that the applicant's shoulder deficits are fixed, that the applicant has already transitioned to home exercises, and that further formal treatment is unlikely to be beneficial here. Therefore, the request is not medically necessary.