

<b>Case Number:</b>	CM14-0175117		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	03/29/2008
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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, has a subspecialty in Pain 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 female patient with a date of injury of March 29, 2008. A utilization review determination dated October 17, 2014 recommends non-certification of physical therapy 2x4 for the right shoulder. A progress note dated October 8, 2014 identifies subjective complaints of increased right shoulder pain and low back pain. The patient also complains of numbness, tingling, and weakness throughout her right arm. The patient has low back pain with walking, standing, bending, and lifting. The patient has right shoulder pain when lifting and lying on her side. The patient rates her pain at rest as a 5/10 and a 6-7/10 with activity. Physical examination reveals tenderness to palpation of the lumbar paraspinal region, lumbar flexion is 45, external and lateral bending is 20, there is tenderness to palpation of the greater tuberosity and trapezius of the right shoulder, the right shoulder strength is 4/5, and there was a positive Hawkins sign of the right shoulder. The diagnoses include history of right shoulder surgery with biceps tenodesis and subacromial decompression on March 14, 2013, myofascial pain syndrome, tendonitis and reduced function of the right shoulder, myofascial lumbar spine sprain/strain, multilevel lumbar spondylosis, and history of unicompartmental total knee arthroplasty of the right knee on July 1, 2010. The treatment plan recommends that given the patient's functional deterioration and findings that authorization be requested for a course of physical therapy for the right shoulder at two times a week for four weeks for a total of eight sessions, and authorization is also requested for physical therapy for the lumbar spine at two times a week for five weeks for a total of ten sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x4 right shoulder:** 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 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy

**Decision rationale:** Regarding the request for physical therapy 2x4 for the right shoulder, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. Furthermore, the request exceeds the amount of PT trial sessions recommended by the CA MTUS. As such, the current request for physical therapy 2x4 for the right shoulder is not medically necessary.