

<b>Case Number:</b>	CM14-0176533		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	05/08/2009
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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:

The injured worker is a 48 year old male, who sustained a work related injury to the left shoulder and elbow on May 8, 2009. Past medical history includes s/p left shoulder arthroscopy and left proximal humeral fracture secondary to a fall on the left shoulder in January 2014, with subsequent comminuted unstable humeral head and neck fracture. On August 19, 2014 the injured worker had an initial physical therapy examination. Documentation of physical examination reveals left shoulder; flexion 100 degrees, abduction 90 degrees, ER in neutral position 30 degrees, IR in neutral position 70 degrees. Gross muscle test left shoulder; flexion 4-5, abduction 4-5, internal rotation 4/5, and external rotation 4-5. Tender to palpation; left biceps, deltoid, latissimus dorsi, teres major/minor, infraspinatus and rhomboids. The plan is documented as physical therapy 2-3 times a week for 6 weeks. According to the primary treating physician progress report dated August 25, 2014, the injured worker presented for an orthopedic re-evaluation of the left shoulder. He has been treated conservatively with no surgical intervention but does continue to undergo physical therapy and complains of occasional sharp pain to the shoulder. On physical examination, the left shoulder reveals; forward flexion and abduction to 135 degrees with pain and stiffness at that point. There is palpable bony deformity in the posterior humeral neck. The treating physician documents a CT scan dated April 2014, revealing heterotrophic ossification and callus formation of the left proximal humeral fracture and no gross displacement. Treatment plan included; transfer of care with orthopedic physician and Zofran for nausea (s/p knee surgery) as needed from pain medications. On September 9, 2014, the treating physicians progress report documents the injured workers visit with complaints of persistent pain in the left shoulder and also noted he had a Staph aureus infection of the right shoulder as well. On physical examination he has full range of motion of the cervical spine in forward flexion, extension, as well as lateral rotation. Forward flexion of the shoulders

is equal. Forward flexion is up to 120 degrees, external rotation is to 20 degrees, and internal rotation is up to hip. There is normal sensation throughout and 2+ radial pulses. The treating physicians stated plan is to treat non-operatively and continue physical therapy. A request for authorization for additional physical therapy 12 sessions to the left shoulder was made September 12, 2014. Work status is documented as temporarily totally disabled. According to utilization review performed September 26, 2014, the injured worker was certified for 12 physical therapy treatments for the left shoulder 4/1/2014 and another 12 visits 7/8/2014. 24 certified visits of physical therapy exceeded the recommended guidelines and the injured worker should be transitioned to a home exercise program. For these reasons and limited documentation of objective and functional gains from prior treatments, physical therapy 12 additional sessions to the left shoulder was non-certified.

### **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 the left shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98-99.

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of completion of prior physical therapy (PT) sessions, but there is no documentation of specific objective functional improvement with the most recent sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the California Medical Treatment Utilization Schedule (MTUS) and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.