

<b>Case Number:</b>	CM14-0020386		
<b>Date Assigned:</b>	05/02/2014	<b>Date of Injury:</b>	03/14/2007
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 patient is a 47-year-old female with a 3/14/07 date of injury. There is documentation of subjective (ongoing pain in the left shoulder. Objective findings of limited internal and external rotation of the shoulder, tenderness to the trapezius and interscapular area, and positive impingement sign. Current diagnoses of left shoulder tendonitis, left glenohumeral joint arthrosis, and left shoulder labral tearing). Treatments to date include 12 sessions of physical therapy. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of previous physical therapy and a statement of exceptional factors to justify going outside of guideline parameters.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL PHYSICAL THERAPY SESSIONS TWICE A WEEK FOR SIX WEEKS FOR LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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 Chapter, Physical Therapy.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines (ODG) recommends a limited course of physical therapy for patients with a diagnosis of impingement syndrome not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of left shoulder tendonitis, left glenohumeral joint arthrosis, and left shoulder labral tearing. In addition, there is documentation of 12 physical therapy sessions completed to date, which exceeds guidelines. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of previous physical therapy. Lastly, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. Therefore, request for additional physical therapy sessions twice a week for six weeks for left shoulder is not medically necessary and appropriate.