

<b>Case Number:</b>	CM14-0023083		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	11/24/2010
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Interventional Spine 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 patient is a 58-year-old female with date of injury of 11/24/2010. Per treating physician's report, 01/31/2014, patient presents with shoulder pain which is worse, aggravated by reaching, sleeping on the right side, and the patient has continued pain in her low back with radiation down into the right leg. Listed diagnoses are: 1. Right adhesive capsulitis. 2. Right shoulder tendinitis. 3. Status post rotator cuff repair. 4. Chronic sciatica. Recommendation is for physical therapy twice a week for 4 weeks to get the patient's shoulder motion improved once again. Patient's shoulder motion was getting worse and increasingly stiff. Examination showed 130 degrees of flexion, 70 degrees of external rotation, 60 degrees of internal rotation, and mild weakness in external rotation of the right shoulder. Report from 12/17/2013 by [REDACTED] another physician has the right shoulder that goes numb, but the worst pain is in the low back. Exam showed range of motion without much pain, good strength in external rotation. Report by [REDACTED] 11/05/2014, is a re-evaluation regarding severe obesity. No shoulder examination was provided with the listed impression of hypertension and morbid obesity, a candidate for bariatric surgery. The 11/05/2013 report by [REDACTED] states the patient was authorized for gastric bypass surgery continues to have low back and right shoulder pain. Right shoulder showed full range of motion, although has pain with abduction and flexion. 10/01/2013 report by [REDACTED] has right shoulder pain worse lately with flexion 135, external rotation 90, internal rotation 75. Stretching exercises were recommended. The request for 8 sessions of physical therapy was denied by utilization review letter, 02/10/2014, with the rationale, "There is insufficient clinical data presented to suggest additional form of therapy". A 08/26/2013 AME report is reviewed. This report describes patient's shoulder injury from 2010; therapy reports from 2010 and 2011; MRI of the right shoulder, 03/01/2011, that showed full thickness tear,

rotator cuff tear; had trial of injection, 03/18/2011; seen by orthopedist; additional therapy in April 2011; and operative report from 05/20/2011. There is reference of physical therapy for low back in 2013 and for knee, then, she went through a series of lumbar epidural steroid injections and other injections through year 2013.

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

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

#### **8 PHYSICAL THERAPY VISITS FOR THE RIGHT SHOULDER (2 X 4): Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201.

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

**Decision rationale:** This patient presents with chronic right shoulder and low back pain. The current request is for physical therapy 2 times a week for 4 weeks as requested by [REDACTED] report dated 01/31/2014. Review of medical reports including AME report from 08/26/2013 that provided comprehensive review of the patient's treatments, do not show that the patient has recently had physical therapy of the shoulder. [REDACTED] indicates that the patient's range of motions have diminished with increased pain. Flexion was reaching 130 degrees, external rotation 70, internal rotation 60 when compared to normal range of motion noted by another evaluation, 12/17/2013, and similar decreased range of motion noted, 10/01/2013, by [REDACTED]. [REDACTED] MTUS Guidelines allow 9 to 10 sessions of physical therapy for myalgia, myositis, and similar condition to what this patient is suffering from. Given that the review of the report does not show recent physical therapy over the last couple of years, and given the patient's increased pain in the shoulder, some diminished range of motion, a short course of physical therapy would appear reasonable. The requested 8 sessions of physical therapy appears medically necessary.