

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0024005 |                              |            |
| <b>Date Assigned:</b> | 06/11/2014   | <b>Date of Injury:</b>       | 07/06/2008 |
| <b>Decision Date:</b> | 07/15/2014   | <b>UR Denial Date:</b>       | 01/30/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/25/2014 |

### 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:

This 51 year-old patient sustained a lifting injury on 7/6/08 while employed by [REDACTED]. Request under consideration include 12 PHYSICAL THERAPY VISITS FOR THE LEFT SHOULDER. Current diagnoses include left shoulder impingement syndrome and labral tear. Conservative care has included diagnostic MRI, EMG/NCS and x-rays along with medications, physical therapy, and activity modification. MR Arthrogram of Left shoulder on 9/17/08 showed non-displaced labral tear and hypertrophic changes of AC joint. Initial diagnoses included cervical spondylosis, shoulder impingement syndrome, and carpal tunnel syndrome, with history of s/p discectomy and fusion of C5-7 on 10/1/10. Review indicated patient was opined to have reached maximum medical improvement for the left shoulder per report of 11/22/11. Report of 12/26/13 from the provider noted the patient with continued left shoulder pain with 4 PT sessions and 3 acupuncture visits recently completed. Exam showed left shoulder with 4+/5 motor strength. Follow-up report of 1/6/14 from another provider noted left shoulder pain continued. Exam showed forward flexion of 160 degrees, abduction of 150, ER of 70, IR to T10; positive Apprehension sign, Hawkins's, Neer's, Jobe and O'brien test; strength of 4/5. Report also indicated the patient has declined additional PT. A Peer discussion was done which established the patient has not received any PT to the left shoulder per provider's colleague. The PT request was modified for 6 visits on 1/30/14 citing guidelines criteria and lack of medical necessity.

### 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 ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99, Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Page(s): 98-99.

**Decision rationale:** This 51 year-old patient sustained a lifting injury on 7/6/08 while employed by [REDACTED]. Request under consideration include 12 Physical Therapy Visits for the Left Shoulder. Current diagnoses include left shoulder impingement syndrome and labral tear. Conservative care has included diagnostic MRI, EMG/NCS and x-rays along with medications, physical therapy, and activity modification. MR Arthrogram of Left shoulder on 9/17/08 showed non-displaced labral tear and hypertrophic changes of AC joint. Initial diagnoses included cervical spondylosis, shoulder impingement syndrome, and carpal tunnel syndrome, with history of s/p discectomy and fusion of C5-7 on 10/1/10. Review indicated patient was opined to have reached maximum medical improvement for the left shoulder per report of 11/22/11. Report of 12/26/13 from the provider noted the patient with continued left shoulder pain with 4 PT sessions and 3 acupuncture visits recently completed. Exam showed left shoulder with 4+/5 motor strength. Follow-up report of 1/6/14 from another provider noted left shoulder pain continued. Exam showed forward flexion of 160 degrees, abduction of 150, ER of 70, IR to T10; positive Apprehension sign, Hawkins's, Neer's, Jobe and O'Brien test; strength of 4/5. Report also indicated the patient has declined additional PT. A Peer discussion was done which established the patient has not received any PT to the left shoulder per provider's colleague. The PT request was modified for 6 visits on 1/30/14 citing guidelines criteria and lack of medical necessity. Submitted reports have no acute flare-up or specific physical limitations to support for physical therapy. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The patient has received prior sessions of PT without clear specific functional improvement in ADLs, work status, or decrease in medication and utilization without physiologic evidence of neurological compromise, or red-flag findings to support further treatment. The 12 Physical Therapy Visits for the Left Shoulder is not medically necessary and appropriate.