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| <b>Case Number:</b>   | CM14-0027026 |                              |            |
| <b>Date Assigned:</b> | 06/13/2014   | <b>Date of Injury:</b>       | 10/19/2006 |
| <b>Decision Date:</b> | 08/04/2014   | <b>UR Denial Date:</b>       | 02/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/04/2014 |

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 52-year-old female who reported an injury on 10/19/2006. The mechanism of injury was not provided within the medical records. The clinical note dated 05/12/2014 indicated diagnoses of reflex sympathetic dystrophy, impingement syndrome status post arthroscopic acromioplasty bilateral, carpal tunnel syndrome bilateral, causalgia upper, adhesive capsulitis, cubital tunnel right, epicondylitis lateral bilateral, pronator tunnel and sprain/strain of sacroiliac joint. The injured worker reported debilitating shoulder pain due to work. She reported continued use of pain medication, as well as pain described as sharp and stabbing. She reported the duration of pain was constant and severe and radiated to the upper arm. The injured worker reported she had 2 sessions of physical therapy for her left shoulder; however, due to the degree of pain she was unable to finish. On 02/12/2014, she had a subacromial injection which gave her 50% pain relief. The injured worker reported surgery was indicated due to the degree of pain and failed conservative care. Her prior treatments included diagnostic imaging, surgery, and medication management. The provider submitted a request for physical therapy 2 times a week for 4 weeks to the left shoulder. A Request for Authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS, LEFT 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 Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**Decision rationale:** MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines note injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is lack of documentation indicating the injured worker's prior physical therapy sessions. Additionally, there is lack of documentation including an adequate and complete physical exam demonstrating the injured worker has decreased functional ability, decreased range of motion and decreased strength or flexibility. Based on the clinical information provided, the request is not medically necessary.