

<b>Case Number:</b>	CM14-0032807		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	12/01/2005
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 Occupational 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 patient is a 58 year old female who was injured on 12/1/05 due to cumulative trauma. Prior treatment history has included injections to the right wrist, elbow, and right shoulder in the past, which did not provide her significant improvement. A PR-2 dated 1/8/14 documented that the patient has returned after several years regarding her right upper extremity and her cervical spine. She has been doing well, although she occasionally still has cervical spine pain, and she is now complaining of some right shoulder pain. Occasionally she will continue to have cervical spine stiffness and weakness of the right upper extremity. She is looking at this point to get started on some physical therapy so she may learn exercises that she can do on her own. Objective findings on examination of the cervical spine show no pain, deformity, mass, or scar. Spasms were noted at C3-C7. The range of motion is 80% normal. Motor strength is 5/5 bilaterally. Sensation is within normal limits in the upper extremities. Deep tendon reflexes were 2 bilaterally. There is tenderness on palpation of the AC joint with pain. There was tenderness to the impingement area with pain. Range of motion is at flexion and abduction 160 degrees, and external and internal rotation 70 degrees. There is no painful arch. There is a positive impingement sign I and II, and resisted supraspinatus with pain 4/5 in strength. The impression is right shoulder impingement. At the time of exam, she was given some Relafen as anti-inflammatory to take, given her continued shoulder pain.

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

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

### **PHYSICAL THERAPY TWICE A WEEK FOR SIX WEEKS FOR THE THE RIGHT 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 MEDICINE Page(s): 98.

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guidelines, active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. It can also alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. A physician should allow for fading of treatment frequency from up to three visits per week to one or less, plus the addition of active self-directed home physical medicine. For myalgia and myositis, 9-10 visits over 8 weeks may be recommended. According to the PR-2 dated 1/28/14, the patient presented for a follow-up examination after having not been seen for several years. Examination demonstrates restricted shoulder motion, no painful arch, tenderness, pain with 4/5 resisted supraspinatus strength, and positive impingement signs. According to the report, she requests physical therapy for instruction in a home exercise program. It is unclear if she has undergone physical therapy for the right shoulder in the past. She had a right shoulder corticosteroid injection previously. Given the apparent absence from care, a brief course of supervised therapy should be sufficient to address the current deficits and re-educate the patient in a proper home exercise program. Guidelines recommend up to 10 visits over 8 weeks in this setting. However, the documentation does not address special circumstances that warrant visits in excess of guideline recommendations. As such, the medical necessity for 12 visits is not established.