

<b>Case Number:</b>	CM14-0036978		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/02/2011
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 injured worker is a 32-year-old male with a reported injury on 09/02/2011. The mechanism of injury was not provided within the clinical notes. The clinical note dated 02/18/2014 reported that the injured worker complained of cervical spine, right shoulder, and right upper back pain. The physical examination revealed normal curvature of the cervical spine with tenderness on right paracervical muscles, medial border, or scapula, and tenderness to the right trapezius. The physical examination of the injured worker's right shoulder revealed tenderness to the supraspinatus muscle over the area of the upper trapezius. The range of motion of the injured worker's right shoulder demonstrated flexion to 160 degrees, extension to 60 degrees, internal rotation and external rotation to 90 degrees, abduction to 180 degrees, and adduction to 75 degrees. The impingement test was positive to the right shoulder. Right shoulder motor strength examination was 3/5 throughout. The injured worker's diagnoses included cervical sprain, trapezius sprain, right shoulder labral tear, supraspinatus tear (by MRI), and severe subscapularis nerve entrapment by electromyography (EMG)/nerve conduction study dated 04/12/2012. The provider requested additional physical therapy to the right shoulder. The rationale was not provided within the clinical notes. The request for authorization was submitted on 03/25/2014. The injured worker's prior treatments include 8 complete visits of physical therapy with 2 more to complete. It was noted that the injured worker verbalized that physical therapy had improved his range of motion; however, it was very little and felt no improvement in pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 2x12, right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

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

**Decision rationale:** The request for additional physical therapy 2x12, right shoulder is not medically necessary. The injured worker complained of cervical spine, right shoulder, and right upper back pain. The treating physician's rationale for additional physical therapy was not provided within the clinical notes. The CA MTUS guidelines recognize active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition is not provided; there is a lack of documentation indicating the injured worker has significant functional deficits. There is a lack of clinical notes documenting the injured worker's progression and improvement with therapy. Moreover, the injured worker verbalized little improvement in range of motion and no improvement in pain from the physical therapy. Given the information provided, there is insufficient evidence to determine the appropriateness of continued therapy. Therefore, the request for additional physical therapy 2x12, right shoulder is not medically necessary.