

<b>Case Number:</b>	CM14-0038520		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	02/16/2012
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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:

This is a 54-year-old male with a 08/03/1999-02/16/2012 dates of cumulative multiple work-related injuries to his left shoulder. The mechanism of the injury was not described. The patient was seen on 03/04/2014 with complaints of continued unchanged left shoulder pain, which is associated with weakness and is worsened by lifting, pushing and pulling. He also reports persist low back pain and denies any numbness or paresthesia of the lower extremities. The patient noticed slight improvement in pain with medication, physical therapy, chiropractic treatments and IF 4 unit. An exam revealed the following findings: left shoulder flexion 70 degrees, extension 40 degrees, abduction 70 degrees, adduction 20 degrees, internal rotation 30 degrees and external rotation 30 degrees. The patient was advised to start an exercise regimen at home and continue use of an IF 4 unit at home. The progress report from 03/12/2014 describes that the patient feels some degree of relief in the pain after acupuncture, physical therapy, chiropractic treatment and medication. He complains of left shoulder pain. A physical exam showed tenderness over the anterior shoulder joint along the rotator cuff. There is no paresthesia in the left extremity. An examination of the left shoulder revealed: flexion 70 degrees, extension 35 degrees, abduction 80 degrees, adduction 10 degrees, external rotation 10 degrees and internal rotation 15 degrees with complaints of pain in all planes. The diagnosis is status post left shoulder surgical debridement with capsular release and manipulation on 10/22/2013. The medical treatments to date are: 34 sessions of physical therapy (22 post-operative), 14 sessions of acupuncture, 13 sessions of chiropractic treatment (11 post-operative), medication, IF 4 unit, and left shoulder surgical debridement with capsular release and manipulation on 10/22/2013. An adverse determination was received on 03/13/2014 given lack of significant objective clinical information supporting the need to exceed the CA MTUS guidelines recommendations for the physical therapy.

## 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 left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** The CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The patient underwent left shoulder surgery in October 2013 with 22 postoperative sessions of physical therapy, 14 sessions of acupuncture and 13 sessions of chiropractic treatment. The physical therapy notes reflect no change or functional gains from November 2013 to January 2014. There is no additional clinical information, which would support the medical necessity to exceed this limit. In addition, it is not entirely clear why there is a need for supervised physical therapy as opposed to independent home exercise program. Therefore, the request for 8 sessions of Physical Therapy visits for the left shoulder are not medically necessary.