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| <b>Case Number:</b>   | CM14-0038629 |                              |            |
| <b>Date Assigned:</b> | 06/27/2014   | <b>Date of Injury:</b>       | 12/23/2008 |
| <b>Decision Date:</b> | 08/06/2014   | <b>UR Denial Date:</b>       | 03/25/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/02/2014 |

### 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, has a subspecialty in Preventive 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of December 23, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy over the course of the claim, including at least 17 to 28 sessions of physical therapy, per the claims administrator; and shoulder arthroscopy on September 17, 2013. In a Utilization Review Report dated March 25, 2014, the claims administrator stated that the applicant had completed 28 sessions of postoperative physical therapy in one section of the note and stated that the applicant had had 17 sessions of postoperative physical therapy in another section of the note. The claims administrator therefore denied the request for additional postoperative physical therapy. The claims administrator, however, cited non-MTUS ODG Shoulder Physical Therapy Guidelines in its denial, it is incidentally noted. The applicant's attorney subsequently appealed. In an operative report of May 1, 2014, the applicant underwent a manipulation under anesthesia procedure and arthroscopic debridement of labral tear for preoperative diagnoses of adhesive capsulitis and labral tear, respectively. On May 21, 2014, it was stated that the applicant was status post a manipulation under anesthesia procedure. The applicant exhibited significant limited shoulder range of motion with flexion and abduction to 100 degrees. The applicant's work status was not provided. Naprosyn was apparently furnished for pain relief purposes. Earlier notes of January 27, 2014 and January 28, 2014 were notable for comments that the applicant was having significant limitations in terms of postoperative recovery following the earlier September 17, 2013 shoulder surgery. 9/10 pain complaints were noted. The applicant was using Norco for pain relief. The applicant was seemingly off of work. Shoulder range of motion had not improved. The applicant developed derivative complaints of depression.

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

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

**Physical Therapy 2 times per week for 6 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 8, 99.

**Decision rationale:** The applicant was outside the six-month postsurgical physical medicine treatment as of the date of the Utilization Review Report, March 25, 2014, following earlier shoulder surgery on September 17, 2013, the MTUS Chronic Pain Medical Treatment Guidelines were therefore applicable. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, which notes that there must be demonstration of functional improvement in various milestones in the treatment program so as to justify continued treatment. In this case, however, the applicant had failed to respond favorably to 17 to 28 earlier sessions of postoperative physical therapy. The applicant remained off of work, on total temporary disability. The applicant was having symptoms of depression, pain, and limited shoulder range of motion associated with adhesive capsulitis and recurrent labral tear. The applicant ultimately underwent repeat surgery for the same. Physical therapy was, quite clearly, not effective as of the date in question as the applicant had failed to exhibit any functional improvement as defined in MTUS 9792.20f despite completion of 17 to 28 earlier sessions of physical therapy. Therefore, the request for 12 additional sessions of physical therapy was not medically necessary and appropriate.