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| <b>Case Number:</b>   | CM14-0043776 |                              |            |
| <b>Date Assigned:</b> | 07/02/2014   | <b>Date of Injury:</b>       | 05/01/2012 |
| <b>Decision Date:</b> | 07/31/2014   | <b>UR Denial Date:</b>       | 03/26/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/10/2014 |

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 55-year-old male who reported an injury on 01/01/2011. The mechanism of injury was not provided within the medical records. The clinical note dated 02/20/2014 indicated a diagnosis of status post left shoulder arthroscopy with partial resection of glenoid labrum and debridement of rotator cuff on 10/31/2013. The injured worker reported that they were currently attending physical therapy and that it had helped improve his motion in the left shoulder. Pain was rated 7/10 before medications and 3/10 after the medication. The injured worker reported his left shoulder was still very stiff and that medication was helping by reducing some of the pain. On physical examination, the left shoulder abduction was 155 to 160 degrees. The clinical note dated 01/24/2014 reported the injured worker's shoulder getting better although still stiff and had no strength and there was tenderness to the left AC joint. The clinical note dated 12/06/2013 indicated that physical therapy to the left shoulder helped improve motion. Left shoulder abduction was 155 to 160. The clinical note dated 11/07/2013 indicated the left shoulder was stiff and sore and left shoulder abduction was 100 degrees. Prior treatments included diagnostic imaging, surgery, physical therapy and medication management. Medication regimen included Hydrocodone/APAP, Flurbipro cream, Naproxen, Omeprazole and Cyclobenzaprine. The provider submitted a request for 8 physical therapy visits for 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:

## **8 physical therapy visits for the left shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition, Chapter: Shoulder physical therapy; Official Disability Guidelines-Physical Therapy Guidelines.

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

**Decision rationale:** The California MTUS Guidelines recommend 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. 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. In this case, the clinical notes indicated the injured worker has already completed physical therapy to date. The injured worker reported physical therapy had helped in increasing his left shoulder range of motion. There is a lack of documentation including adequate and complete physical examination demonstrating the injured worker has decreased functional ability, decreased range of motion, and decreased strength or flexibility. In addition, the amount of physical therapy visits that have already been completed to the left shoulder is not indicated in the documentation submitted for review. Additionally, the completed physical therapy should have been adequate to improve functionality and transition the injured worker to a home exercise program where the injured worker may continue exercises such as strengthening, stretching, and range of motion. Furthermore the provider did not indicate a timeframe for the physical therapy. Therefore, the request for 8 physical therapy visits for the left shoulder is not medically necessary an appropriate.