

<b>Case Number:</b>	CM14-0044934		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/15/2008
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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, has a subspecialty in Pain 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 female patient with a date of injury on 09/15/2008. Mechanism of injury was reported as cumulative trauma. It is noted the patient currently has multiple open claims. Diagnosis is pain in joint shoulder region. Records note that a request for physical therapy 1 times per week for 12 weeks for the bilateral shoulder was non-certified a utilization review on 03/06/14, noting that the patient has completed prior therapy and response to prior therapy as well as total number of completed physical therapy visits to date is not known. The goals of additional therapy were not clear. Physical therapy notes were not available for review, and the patient has been working full-time. Medications include Celebrex, topical gel, trazodone, Narcosoft, Soma, Trilipix, Ativan, and Paxil. Progress report dated January 22, 2014 noted the patient reporting she had an MRI of the right shoulder as well as left shoulder MRI (these reports are not provided in the current records). Right shoulder MRI reportedly showed no evidence of recurrent rotator cuff tendon tear in. Left shoulder MRI reportedly showed left shoulder supraspinatus tendinitis/tendinosis, bursitis. Subjective complaints were not described. Physical examination revealed right shoulder has smooth motion in the subacromial space. Forward elevation is 125, external rotation to 30, internal rotation to L3. Rotator cuff strength is 4/5 in external rotation, infraspinatus leg test, and supraspinatus test. Negative impingement signs 1, 2, and 3. It was noted right shoulder essentially has not changed. She has smooth motion. She is currently undergoing physical therapy. It was recommended another 12 physical therapy visits be authorized for the bilateral shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 1XWK X 12WKS for bilateral shoulder QTY: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical therapy guidelines.

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

**Decision rationale:** The California MTUS recommends: "Allow for fading of treatment frequency plus active self-directed home physical medicine." The patient's injury is chronic with a date of injury in 2008, and physical therapy has been performed in the past. There is no documentation of what functional improvement was achieved with previous sessions or why the patient needs to return to supervised physical therapy rather than transition to a fully independent home exercise program. There is no clear documentation of musculoskeletal deficits that cannot be addressed within the context of an independent home exercise program, yet would be expected to improve with formal supervised therapy. The exact number of sessions previously attended and functional benefit as a result was not described. In fact, it was noted on the 01/22/14 progress note that the patient was participating in and had just completed a round of physical therapy, and there was no significant change. Physical therapy progress reports were not included for review. The requested physical therapy 1 time per week for 12 weeks for bilateral shoulder is not medically necessary.