

<b>Case Number:</b>	CM14-0052132		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/03/2007
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Management 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 female patient with a date of injury of October 3, 2007. A utilization review determination dated April 9, 2014 recommends non-certification of physical therapy for two times a week for six weeks to the left shoulder and cervical spine, the request was modified to two visits to transition to a home exercise program. A progress note dated October 30, 2013 identifies subjective complaints of left shoulder pain with mechanical symptoms and pain despite conservative measures. Physical examination of the left shoulder identifies tenderness to the subacromial bursa space and shoulder girdle musculature, positive Neer's sign, positive Hawkins impingement sign, forward flexion and abduction to 140 and internal rotation to the SI joint with pain, there is tenderness of the cervical paraspinal muscles and painful range of motion, and bilateral wrist show positive Tinel's and Phalen's test. Diagnoses include industrial injury to the left shoulder, left shoulder partial rotator cuff tear, impingement, AC joint arthrosis, tendinosis and bursitis, cervical multilevel degenerative disc disease, and left carpal tunnel. The treatment plan recommends conservative measures for the left shoulder, the patient is currently undergoing treatment for breast cancer and needs clearance before proceeding with a diagnostic and operative arthroscopy, and there is a recommendation for physical therapy twice a week for six weeks to aid with maintaining motion and strength.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times a week for 6 weeks to the Left Shoulder and Cervical Spine:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 173 200, Chronic Pain Treatment Guidelines Page(s): 98 of 127. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy; Shoulder Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for physical therapy 2 times a week for 6 weeks to the left shoulder and cervical spine, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any objective functional improvement from previous therapy, no documentation reporting the number of therapy sessions the patient has previously completed, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for physical therapy 2 times a week for 6 weeks to the left shoulder and cervical spine, is not medically necessary.