

<b>Case Number:</b>	CM14-0059092		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/02/2001
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 case of a 70-year-old male who has filed a claim for left shoulder osteoarthritis associated with an industrial injury date of 01/02/01. Records from 2013 to 2014 were reviewed. The latest progress reports reveal that the patient still complains of left shoulder pain and stiffness, unchanged from previous reports. He has completed six visits for physical therapy. Upon physical examination, there is decreased range of motion with flexion to 150 degrees, abduction to 60 degrees, and external rotation to 60 degrees. He has pain upon range of motion exercises. He has tenderness over the biceps tendon and the AC joint. The treatment to date has included post SLAP tear with repair procedure (evidenced by MR arthrogram), physical therapy, home exercises, and orthovisc and corticosteroid injections. Reports claim that the claimant has been seen for a total of 6 visits of physical therapy. Utilization review dated 04/03/2014 denied the request for 12 visits of physical therapy because of limited evidence of recent exacerbation, re-injury, or significant progression of symptoms of a 13-year old complaint to necessitate additional skilled intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 12 visits, 2 times per week for 6 weeks on the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulders, Physical Therapy.

**Decision rationale:** According to pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Furthermore, Official Disability Guidelines physical therapy guidelines allow 9 visits over 8 weeks for patient with medical treatment and 1-2 visits over 1 week for post-injection treatment. In this case, the patient has undergone several sessions of physical therapy and home exercises which did not change the patient's symptoms. There was no compelling rationale for continued physical therapy and the medical necessity has not been established. It is likewise unclear why patient cannot transition into a self-directed home exercise program. Therefore, the request for physical therapy 12 visits, 2 times a week for 6 weeks left shoulder is not medically necessary.