

<b>Case Number:</b>	CM14-0061817		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/24/2008
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 Physical Medicine & 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 patient with a date of injury of 2/24/08. A utilization review determination dated 4/10/14 recommended modified certification of 2 physical therapy visits for the left shoulder, 6 visits were requested. Modified certification was recommended since the patient had been through numerous rounds of physical therapy over the years and 2 visits at this point could help to establish a home exercise program and would be medically necessary. A progress report dated March 31, 2014 identifies subjective complaints indicating that the patient's left shoulder physical therapy has finished. The patient indicates that her range of motion has improved as well as her function, but she was not given a home program and her pain is still there intermittently. Physical examination findings identify left shoulder range of motion with 170 of forward flexion, 150 of abduction, 85 of external rotation, and 40 of internal rotation. The note indicates that the patient has 5-/5 strength on the left with external and internal rotation. Diagnoses include left shoulder SS/IS tear with possible large cystic fluid collection. The physical examination recommends 6 additional physical therapy sessions for "continued functional improvement in range of motion as well as decreased pain." A progress report dated January 27, 2014 includes subjective complaints indicating that the patient's physical therapy has been extended. Physical examination identifies left shoulder range of motion with 160 of forward flexion, 120 of abduction, 90 of external rotation, and 10 of internal rotation. The strength is 5- to 5/5 in the left shoulder with external rotation and internal rotation. The treatment plan recommends physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy X6 sessions left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official disability guidelines ,physical therapy guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for additional Physical Therapy, 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. ODG goes on to recommend 10 visits of physical therapy for the treatment of rotator cuff disorders. Within the documentation available for review, there is documentation showing improved function and range of motion from the therapy already provided. However, the remaining deficits are minimal and there is no statement indicating why an independent home exercise program would be insufficient to address them. Furthermore, it is unclear how many therapy sessions the patient has already been provided for this injury, making it impossible to determine if the patient has met or exceeded the maximum number recommended by guidelines. Two sessions of physical therapy might be reasonable for instruction in a home exercise program. But, unfortunately there is no provision to modify the current request. In the absence of such documentation, the current request for additional Physical Therapy is not medically necessary.