

<b>Case Number:</b>	CM14-0067823		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/02/1993
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 and is licensed to practice in Illinois. 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 67-year-old male with a reported injury on 06/02/1993. The mechanism of injury was not provided. The injured worker's diagnoses included right shoulder rotator cuff tendinosis with subacromial bursitis and biceps tendinitis. The injured worker's past treatments included medications, physical therapy, a home exercise program, acupuncture, and injections. The injured worker's diagnostic testing included a right shoulder MRI on 02/05/2014 that was not provided for review. The injured worker's previous surgeries included 4 right shoulder surgeries that were unspecified and undated. On 03/06/2014, focus examination of the right upper extremity revealed his biceps strength to be 4/5. Internal and external rotations were 4/5. Forward flexion was to 90 degrees. Abduction was to 80 degrees. External rotation with the arm adducted was 15 degrees. The contralateral side was 40 degrees. Speed's, Jobe's, Neer, and Hawkins tests were all positive. On 03/13/2014, a focus examination of the right shoulder revealed strength of less than 3/5 in the right shoulder, with pain reported with all resisted movements in all planes of motion including flexion, extension, abduction, adduction, internal and external rotation. The range of motion of the right shoulder was measured at: 35 degrees of flexion, 45 degrees of abduction, external rotation to his ear, internal rotation to the right buttocks with extension to 30 degrees, passive range of motion and scaption plane were to 90 degrees and cervical rotation bilateral to 50 degrees. The injured worker did not report exacerbated pain in his right shoulder with movements of the cervical spine during that visit. The injured worker reported pain with all internal rotation positions of the right shoulder; therefore, formal tests were not completed at that time. The injured worker was evaluated on 04/16/2014 where he reported his pain as decreased to 4-5/10. He described burning and aching in the shoulder. The clinician observed and reported evaluation of the right upper extremity with forward flexion measured at 95 degrees, which is much improved from a previous appointment.

His abduction was to 85 degrees. External rotation was to 40 degrees. Internal rotation was to L4. Neer and Hawkins tests were both positive. Speed's demonstrated 4 /5 strength, which is much better from previous visits. The internal rotation and external rotation strengths were 4+/5. Sensation was intact throughout the extremity. The injured worker had 10 sessions of physical therapy from 03/18/2014 through 04/30/2014. There was an increase in forward flexion and abduction of the right upper extremity of 5 degrees following 9 sessions of physical therapy. The injured worker completed 3 more sessions after that. The injured worker's medications were not provided. The request was for physical therapy 2 times a week for 6 weeks, right shoulder. No rationale for this request was provided. The Request for Authorization form was not provided.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical Therapy 2 x week X 6 weeks, Right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter

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

**Decision rationale:** The requested physical therapy 2 times a week for 6 weeks, right shoulder, is not medically necessary. The injured worker continued to complain of right shoulder pain. The California MTUS Chronic Pain Guidelines recommend physical medicine as active therapy 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. The Physical Medicine Guidelines instruct to allow for fading treatment frequency from up to 3 visits per week to 1 or less per week, plus active self-directed home physical medicine. The guidelines allow for 8 to 10 visits over 4 weeks for radiculitis. The injured worker follows a home exercise program. The request for 12 additional sessions of physical therapy would exceed the recommended guidelines. Therefore, the request for physical therapy 2 times a week x6 weeks, right shoulder, is not medically necessary.