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| <b>Case Number:</b>   | CM14-0076144 |                              |            |
| <b>Date Assigned:</b> | 07/16/2014   | <b>Date of Injury:</b>       | 06/16/2013 |
| <b>Decision Date:</b> | 09/16/2014   | <b>UR Denial Date:</b>       | 05/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/23/2014 |

### 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 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:

The injured worker is a 47 year old non-working male who sustained work-related injuries on June 16, 2013. Treatments to date include home exercise program as instructed by physical therapist, medications, and steroid injections. X-ray of the left shoulder performed on November 21, 2013 revealed mild osteoarthritic changes within the glenohumeral joint and early osteoarthritic changes within the acromioclavicular joint. As per progress notes dated February 3, 2014, the injured worker complained of left shoulder pain aggravated with activities including pulling and pushing, lifting, and grasping without sensory or motor weakness. On examination, tenderness was noted over and along the spine of the scapula with spasms and limited range of motion but without motor or sensory involvement. A magnetic resonance imaging scan of the left shoulder performed on April 11, 2014 showed the following findings: (a) acromioclavicular osteoarthritis; (b) glenohumeral osteoarthritis; (c) infraspinatus tendinitis; and (d) small joint effusion. He is diagnosed with medial-lateral sprain and strain of the left shoulder with tendonitis and bursitis and acromioclavicular arthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy twice a week for 4 weeks #8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. 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), Shoulder, Physical Therapy.

**Decision rationale:** The requested physical therapy session twice a week for four weeks was made in April 14, 2014 however, most recent clinical information was not found in the provided records. Thus, only the presented records will be the basis for the determination of this request. Based on the records of this injured worker, he sustained his injuries on June 16, 2013 which can be regarded as chronic in nature. Records further indicate that he has received an unknown number of physical therapy sessions, three cortisone injections, and medications. He was also instructed on a home exercise program by his physical therapist. According to evidence-based guidelines, for the injured worker with diagnoses of medial-lateral sprain and strain of the left shoulder with tendonitis and bursitis and acromioclavicular arthritis, 9-10 physical therapy visits are warranted; however, due to the fact that he had prior unknown number of physical therapy sessions with provision of a home exercise program given by his physical therapist, the medical necessity of the requested 8 physical therapy sessions cannot be established as the requested treatment may exceed the allowed maximum number of sessions. Also, there is no information which documents the usefulness or non-usefulness of his prior physical therapy sessions. Moreover, evidence-based guidelines indicate that active therapy modalities (including exercise, activity modification and education) are preferred for conditions in the chronic phase as it will produce better and significant outcomes. Therefore, based on these reasons, the medical necessity of the requested physical therapy twice a week for four weeks total of eight sessions cannot be established. The request of Physical therapy twice a week for 4 weeks #8 is not medically necessary and appropriate.