

<b>Case Number:</b>	CM14-0076911		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/26/2012
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 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:

The injured worker is a 62-year-old male who reported an injury 10/26/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 04/23/2014 indicated the injured worker reported left shoulder pain. The injured worker is status post left shoulder surgery dated 10/28/2013. The injured worker reported he was in rehabilitation for physical therapy. The injured worker was given a cortisone injection at his last visit and reported 50% improvement following the injection then the injection started to wear off. The injured worker reported his pain level 3/10 to 7/10. The injured worker reported he felt the physical therapy had aggravated his shoulder and caused pain so he restricted his visit for a few days. On physical examination of the left shoulder tenderness over the rotator cuff anterolateral to the acromion. His range of motion revealed forward elevation to 160 degrees with assistance, abduction was to 90 degrees with assistance, external rotation was 60 degrees, internal rotation to sacroiliac joint. The Injured worker's treatment plan included continue his formal physical therapy, return to office in 6 weeks and remain off work. The injured worker's prior treatments included diagnostic imaging, surgery, physical therapy and medication management. The injured worker's medication regimen included compound creams and Tramadol. The provider submitted a request for physical therapy. A Request for Authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 1 time a week for 3 weeks left shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Elbow, Physical Therapy.

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

**Decision rationale:** The request for Physical Therapy 1 time a week for 3 weeks left shoulder is not medically necessary. The California MTUS state that active therapy is 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines note injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The injured worker reported that the physical therapy exercise had aggravated his shoulders and caused pain. There is no indication that the use of physical therapy has resulted in diminished pain levels or functional improvement. In addition, the number of sessions of physical therapy the injured worker has completed to the left shoulder were not indicated to warrant additional sessions. Furthermore, the injured worker's previous utilization review was modified on 05/08/2014 for 2 x 4 weeks to the left shoulder. In addition, the provider did not indicate a rationale for the request. Therefore, the request for physical therapy is not medically necessary.