

<b>Case Number:</b>	CM14-0082541		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	11/16/2007
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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:

This is a 41-year-old male who sustained a remote industrial injury on 11/16/07 diagnosed with status post cervical surgery, left shoulder pain, and right shoulder pain. Mechanism of injury occurred when the patient slipped off of a ladder and fell backwards, injuring his neck, low back, and left shoulder. The request for 12 sessions of physical therapy was non-certified at utilization review due to the lack of documentation concerning the number of physical therapy sessions previously attended and if any objective functional improvement was obtained from these sessions. The most recent progress note provided is 05/15/14. Patient complains primarily of left shoulder pain that radiates into the armpit and chest but notes 30% relief from a recent corticosteroid injection. Patient also reports difficulty sleeping, psychological problems, headaches/dizziness, ringing in his ears, and bowel/bladder problems as a result of his injury. The patient completed one physical therapy session for the left shoulder. Physical exam findings reveal tenderness posteriorly on the cervical spine; mild tenderness anteriorly on the left shoulder; decreased range of motion of the left shoulder; pain with Neer's and Hawkin's impingement signs; and tenderness on the superior trapezial muscle at the base of his neck and right shoulder. Current medications include: Omeprazole, Norco, Zanaflex, Gabapentin, Elavil, Mobic, Capsaicin, and Lidoderm patches. It is noted that the patient is receiving treatment for his cervical spine injuries from other physicians. Provided documents include several previous progress reports, urine toxicology reports/reviews, and an operative report. A progress report, dated 12/23/13, highlights that physical therapy is not helping the patient relieve his pain. The patient's previous treatments include corticosteroid injections, epidural steroid injections, surgeries, medication, acupuncture, chiropractic therapy, physical therapy, and a home exercise program. Imaging studies provided include an MRI of the left shoulder, performed on 04/12/14.

The impression of this MRI reveals mild supraspinatus tendinosis and changes in keeping with a presumed old clavicular fracture.

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

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

**Twelve (12) sessions of Physical Therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17. Decision based on Non-MTUS Citation Official Disability Guidelines (2013), Shoulder; Official Disability Guidelines, Physical Therapy Guidelines.

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

**Decision rationale:** According to CA MTUS guidelines, Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Provided documentation notes that the patient has previously participated in physical therapy sessions without benefit and recently completed one session for the left shoulder. However, the current request does not specify what body part the physical therapy is intended for, the number of total physical therapy sessions completed is not specified, and the treating physician does not document limitations that would necessitate more physical therapy sessions over the patient continuing therapy in a safe home exercise program. Due to this lack of documentation, the request of twelve (12) sessions of Physical Therapy is not medically necessary and appropriate.