

<b>Case Number:</b>	CM14-0099161		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	04/26/2004
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 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 April 26, 2004. A utilization review determination dated June 18, 2014 recommends modified certification of physical therapy 3 times per week for 3 weeks for the left shoulder. Modified certification was recommended since the patient has undergone 17 physical therapy visits following surgery, and his limitations should improve with a regular home exercise program. Therefore, 2 physical therapy visits were certified for retraining in a home exercise program. A progress report dated June 4, 2014 indicates that the patient underwent shoulder surgery on July 29, 2013. He was started in physical therapy in August 2013. As of September, the patient had completed 12 visits of physical therapy. The note indicates that the patient had not been doing a home exercise program as of December 2013. The note indicates that as of February, the patient was not participating in a home exercise program. He continues to complain of pain in both shoulders in both knees. Active range of motion is two thirds of normal. The patient has not been doing a home exercise program. Physical examination states unchanged. Diagnoses include bilateral knee pain with mild arthritis, bilateral shoulder pain with glenohumeral and AC arthritis, neck, mid, and lower back arthritis, bilateral ulnar neuritis, and carpal tunnel. The treatment plan recommends a Synvisc one injection for the left glenohumeral joint and recommendation to continue with the patient's home exercise program. A prescription dated June 4, 2014 recommends physical therapy for the left shoulder 3 times a week for 3 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3xwk x 3wks for left shoulder:** Upheld

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

**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, the ACOEM 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. The ODG has more specific criteria for the ongoing use of physical therapy, and 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. Within the documentation available for review, there are no recent progress notes identifying any objective functional deficits which are to be addressed with the currently requested physical therapy. Additionally, there is no statement indicating why an independent program of home exercise would likely be insufficient to address any remaining objective deficits. As such, the currently requested additional physical therapy is not medically necessary.