

<b>Case Number:</b>	CM14-0192069		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	08/16/2012
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Therapy and is licensed to practice in Texas. 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 43 year old male who suffered an industrial related injury on 8/16/12. The treating physician's report dated 10/9/14 noted the injured worker had been on modified work duty. The physician noted the injured worker reported significant improvement of the left shoulder with regard to physical therapy. The physical examination revealed left shoulder forward elevation of 160 degrees and abduction of 165 degrees. A moderate positive Neer's test and moderately positive Hawkins was noted. O'Brien's test was negative and the neurovascular exam distally was intact. The treating physician noted the injured worker had left rotator cuff tendinitis with subacromial bursitis as shown on a MRI of 11/26/13. The physician recommended physical therapy due to the great progress made in previous physical therapy. On 10/22/14 the utilization review (UR) physician denied the request for 12 physical therapy sessions for the left shoulder. The UR physician noted the Medical Treatment Utilization Schedule guidelines recommend up to 10 sessions of physical therapy for this type of shoulder injury. The total number of physical therapy sessions completed to date is not clearly documented but it appeared that at least 24 sessions had been completed. The UR physician notes that the injured worker had a completely normal MRI of the left shoulder and although there was report of subjective benefit, there was no change in objective functional status regarding physical therapy. The UR physician noted there is no clear medical indication for ongoing extension of skilled therapy per guideline recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times a week for 6 weeks for the Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Physical Therapy

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

**Decision rationale:** The injured worker sustained a work related injury on 8/16/12. The medical records provided indicate the diagnosis of rotator cuff tendinitis with subacromial bursitis. Treatments have included about 24 physical therapy sessions. The medical records provided for review do not indicate a medical necessity for Physical Therapy 2 times a week x 6 weeks for the Left Shoulder. The MTUS recommends fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. The MTUS also recommends that patients should be instructed and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Therefore, the requested treatment is not medically necessary and appropriate.