

<b>Case Number:</b>	CM14-0198297		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	02/26/2013
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 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 48 year-old patient sustained an injury on 2/26/13. The patient had a seizure and fell on her back, striking her head and right shoulder. Request(s) under consideration include additional physical therapy. Diagnoses include s/p right shoulder arthroscopic debridement and synovectomy on 8/5/13; and status post right shoulder hemiarthroplasty with anterior instability on 10/11/13. Conservative care has included medications, therapy, TENS unit, outpatient Cognitive therapy, diagnostics, consultations, and modified activities/rest. MRI of the Brain dated 4/25/14 was negative with dilated perivascular space in right frontal centrum stable. Report of 10/28/14 from the provider noted the patient with chronic shoulder symptoms; recurrent cervical strain and continues seizure disorder (denied by insurer). Exam showed unchanged findings of limited shoulder range of and/flex/ER of 80/70/70 degrees; palpable clunking sensation in shoulder on ER. Treatment was for continued PT as recommended by the AME in August. The request(s) for additional physical therapy was modified for transition to an independent HEP (home exercise program) on 11/12/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy x 12:** Upheld

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

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

**Decision rationale:** The patient has had at least 22 PT visits since 6/24/14 with recent 3 visits for transition to an HEP. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM (range of motion), strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The additional physical therapy x12 is not medically necessary and appropriate.