

<b>Case Number:</b>	CM14-0202505		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	03/13/2013
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Family Practice, 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 50-year-old electrical assembler reported a right shoulder injury dated March 13, 2013 due to repetitive movement during the course of her regular work. Past treatment included physical therapy and medications. On May 15, 2014, a MRI of the right shoulder revealed marked tendinosis of the rotator cuff with no full thickness tear, a linear micro tear of the central tendon component of the cuff, an intact glenoid labrum, and mild acromioclavicular joint arthropathy. On June 23, 2014, electrodiagnostic testing revealed mild right median neuropathy at the wrist. There was no evidence of other peripheral nerve entrapment, peripheral neuropathy, or nerve root impingement. On July 1, 2014, the injured worker underwent a right shoulder steroid injection. On October 28, 2014, the treating orthopedic physician noted continued pain and stiffness of the superior aspect of the right shoulder. The pain was essentially unchanged from the prior visit. The physical exam revealed tenderness to palpation of the right shoulder, most severely at acromioclavicular joint. The range of motion was moderately decreased; Neer and Hawkins tests were negative. There was a markedly positive adduction test with pain at the superior shoulder, and no instability in the anterior-posterior plane. The injured worker complained of pain, but was able to provide resistance with the drop test. She was unable to perform the Apprehension or the lift tests. The right upper extremity sensation was intact in all dermatomes, and the strength was mildly decreased due to pain. Diagnoses were continued right shoulder derangement with mild ankylosis and acromioclavicular joint arthropathy, cervical spine strain, and right upper extremity carpal tunnel syndrome. The physician noted the injured worker had not received adequate relief with physical therapy, cortisone injections, and job modifications. The physician recommended a consult for surgical intervention for the right shoulder, and 12 sessions of physical therapy to maintain or improve the range of motion of the shoulder. Current work status is temporarily totally disabled. The medical records refer to a

course of physical therapy. The records show the initial physical therapy evaluation from April 25, 2014. There was no further documentation of specific dates of service or results of physical therapy. On November 18, 2014 Utilization Review non-certified a prescription for 12 visits of physical therapy for the right shoulder requested on 11/12/14. The non-certification was based on the injured worker's failure to respond to previous physical therapy. MTUS Chronic Pain Medical Treatment Guidelines for Physical Medicine were cited.

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

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

**Physical therapy to the right shoulder QTY: 12.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction; Physical Medicine Page(s): 9,98-99.

**Decision rationale:** According to the first citation above, all therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The second citation states that passive therapy is for early phase of treatment. Active therapy recommended over passive care, with transition to home therapy. Recommended quantities: Myalgia and myositis, 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS), 24 visits over 16 weeks. The clinical documentation in this case does not support the provision of additional physical therapy to this patient. There is clear documentation that she has already had some number of PT sessions, and should have made a transition to home therapy. These sessions did not result in any functional recovery. She has not returned to work in any capacity. There is no documentation of any goals that could not be accomplished with home therapy and would require additional formal physical therapy. Based on the MTUS citations above and on the clinical documentation provided for my review, 12 sessions of physical therapy are not medically necessary because the patient demonstrated no functional recovery with previous therapy, and her provider has not outlined any goals that could not be accomplished by home exercise therapy.