

<b>Case Number:</b>	CM14-0203112		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	04/30/2009
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Occupational Medicine and Environmental Medicine, and has a subspecialty in Medical toxicology and is licensed to practice in West Virginia. 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 individual is a 54 year old male who sustained an industrially related injury on April 3rd, 2009 involving his left shoulder and lower back. He has ongoing complaints of shoulder pain and stiffness as well as of lower back pain. He is status post Left shoulder arthroscopy/rotator cuff repair (date unknown). The most recent physical examination available in the provided medical record (9/29/14) notes tenderness to palpation over the AC and GH joints and a positive impingement test on the left. Earlier physical examination notes also mention decreased left shoulder range of motion. The lower back pain is described as ranging from 7-8/10 but the worker is now status post lumbar epidural injections and has diminishing pain. He is noted to have had prior physical therapy for his left shoulder, as many as thirty visits, but the available record does not detail any functional change or improvement. This request is for 6 additional physical therapy sessions for the left shoulder.

### 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 three weeks for the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines- Shoulder; Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Physical Therapy, ODG Preface - Physical Therapy

**Decision rationale:** The California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. This individual has received physical therapy well beyond published guidelines for his shoulder diagnosis. Further, the treating physician does not document what (if any) benefit he previously received from the earlier sessions, nor does he make any justification as to why this individual requires physical therapy beyond the accepted guidelines. As such, the request for physical therapy for the left shoulder 2x3 is deemed not medically necessary.