

<b>Case Number:</b>	CM14-0206068		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	05/13/2011
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Internal Medicine 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:

The injured worker (IW) is a 67-year-old man with a date of injury of May 13, 2011. The mechanism of injury occurred as a result of a slip and fall on the left shoulder. The injured worker's working diagnosis is left shoulder pain status post-surgery; and cervical degenerative disc disease. Pursuant to the Initial Clinic Evaluation and Request for Authorization dated November 5, 2014, the IW complains of left shoulder pain. The IW had prior physical therapy (PT) for the left shoulder and eventually underwent left shoulder surgeries X 3. The last surgery was performed January of 2014. The surgery was involved with repeat debridement of the joint with shaving and lysis of adhesions. The IW reports the last surgery helped with pain and improved range of motion (ROM). Current medications are Norco and Ibuprofen. Cervical spine paraspinal palpation from the base of the cranium to T1 including rhomboids and trapezius shows no area of tenderness or spasms bilaterally. Range of motion is within normal limits. Sensory examination is intact. Motor strength and deep tendon reflexes are normal. Spurling's test is negative bilaterally. Left shoulder examination reveals well-healed surgical scars. Palpation over the AC joint is painless. There is some tenderness to palpation of the posterior joint line. ROM of the left shoulder for forward flexion is 170 degrees, adduction is 170 degrees, abduction is 90 degrees, external rotation is 70 degrees, and abduction is 80 degrees. Motor strength is 5/5. Various impingement maneuvers are negative of the left shoulder. There are negative sulcus signs. Cervical MRI (undated) shows multilevel posterior herniated discs; left neuroforaminal narrowing at C4-C5 and C5-C6. No significant central spinal canal narrowing is present, a small C4-C5 subluxation, which is likely, degenerative in nature. The treating physician documents that she would like to request authorization for PT at 2 times a week for 6 weeks (12 sessions) to address the injured worker's stiffness and some muscle spasms. She reports the IW responded to PT previously very well. Prior PT is not documented in the 35 page

medical record. There were no PT notes. It is unclear as to the number of prior PT sessions the IW has had. There is no evidence of objective functional improvement associated with prior PT. The current request is for physical therapy sessions 2 times a week for 6 weeks (12 sessions) for the cervical spine and left shoulder.

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

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

**12 Physical therapy sessions twice weekly for 6 weeks for the cervical spine and the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck/Shoulder; Physical Therapy.

**Decision rationale:** Pursuant to the Chronic Pain Treatment Guidelines and the Official Disability Guidelines, 12 physical therapy sessions, twice weekly for six weeks to the cervical spine and left shoulder are not medically necessary. The patient should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). The Official Disability Guidelines enumerate the frequency and duration of physical therapy based on injuries sustained. In this case, the injured worker's working diagnosis is left shoulder pain status post-surgery and cervical the generative disc disease. The chief complaint is pain predominantly in the left shoulder. The date of injury is May 13, 2011. The injured worker underwent extensive physical therapy to date. The total number of sessions is not documented. The medical record is 35 pages. Examination of the cervical spine was unremarkable with full range of motion. Left shoulder examination shows anatomical alignment and range of motion forward flexion 170, abduction 90, external rotation 60, and abduction 80. There is no clinical indication/rationale for the additional physical therapy. Additionally, there is no documentation with physical therapy notes or evidence of objective functional improvement. Consequently, absent the appropriate clinical documentation with evidence of objective functional improvement and no clinical indication/rationale for additional physical therapy, 12 physical therapy sessions, twice weekly for six weeks the cervical spine and left shoulder are not medically necessary.