

<b>Case Number:</b>	CM14-0025811		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	08/10/2012
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 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:

According to the records made available for review, this is a 37-year-old male with a 8/10/12 date of injury. At the time (1/24/14) of request for authorization for extension physical therapy cervical spine/left shoulder x 12, there is documentation of subjective (improving, shoulder pain rated 3.5/10; pain in the trapezial musculature and outlet, as we as paraspinal cervical musculature on the left side, some symptoms of numbness in the left arm) and objective (left shoulder strength 4/5 pain with slight resistance, scapular 3+/5, pain with slight resistance, hypertrophy over the inferior infraspinatus; quite tender in the left-sided paracervical musculature, trap musculature, and outlet, pain with supraspinatus testing, significant pain with active compression test and relief with supination, and anterior apprehension) findings, current diagnoses (left shoulder SLAP lesion and cervical strain), and treatment to date (medications and physical therapy treatment). 1/17/14 physical therapy progress note identifies patient has completed 11 of previously 12 physical therapy visits. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy completed to date and exceptional factors to justify going outside of guideline parameters.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **EXTENSION PHYSICAL THERAPY CERVICAL SPINE/LEFT SHOULDER x12:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Shoulder chapters

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Shoulder, Physical Therapy. Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of sprains and strains of neck and sprained shoulder; rotator cuff not to exceed 10 visits over 8 weeks. ODG also notes 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) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of left shoulder SLAP lesion and cervical strain. However, despite non-specific documentation that the patient is improving, there is no specific and measured documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy completed to date. In addition, given that the request is for extension physical therapy cervical spine/left shoulder x 12, which along with at least 11 visits provided to date, would exceed guidelines, there is no documentation of exceptional factors to justify going outside of guideline parameters. Therefore, based on guidelines and a review of the evidence, the request for extension physical therapy cervical spine/left shoulder x 12 is not medically necessary.