

<b>Case Number:</b>	CM15-0009260		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	02/12/2014
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 is a 50 year old male with an industrial injury dated February 12, 2014. The injured worker's diagnoses include status post open reduction internal fixation of a right proximal humerus four part fracture, frozen right shoulder, cervical strain, multi-level disc herniation and degenerative disc disease of cervical spine, radiculitis right upper extremity, low back pain, right knee medial and lateral meniscus tears, right heel pain, headaches and stress /anxiety. He has been treated with diagnostic studies, prescribed medications, physical therapy, consultation, and periodic follow up visits. According to the progress note dated 9/5/2014, the injured worker reported pain in the right knee, decreased range of motion in the right shoulder; numbness and tingling down the right upper extremity down to his hand and lower back pain. Physical exam revealed positive tenderness over the paracervical musculature, positive medial joint tenderness, and positive tenderness over the calcaneal fibular ligament. The treating physician prescribed services for four additional physical therapy sessions for the right shoulder on 9/17/14, 9/19/14, 9/23/14 and 9/30/14. Utilization Review (UR) determination on December 18, 2014 denied the retrospective request for four physical therapy sessions for the right shoulder on 9/17/14, 9/19/14, 9/23/14 and 9/30/14, citing MTUS, ACOEM and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 Physical therapy for the right shoulder:** Upheld

**Claims Administrator 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) - Treatment in Workers' Compensation (TWC), Shoulder Procedure Summary, last updated 08/27/2014

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26-27.

**Decision rationale:** The 50 year old patient presents with intermittent, severe pain in the right wrist, rated at 10/10, along with right shoulder pain, as per progress report dated 11/07/14. The request is for 4 PHYSICAL THERAPY FOR THE RIGHT SHOULDER. There is no RFA for this case, and the patient's date of injury is 02/12/14. The patient is status post open reduction internal fixation with contracture of the right shoulder, data of this procedure not available, as per progress report dated 11/07/14. Diagnoses, as per the same progress report, include right wrist TFCC tear, ligament tears, ulnar positive variance, left shoulder compensatory strain, tennis elbow of the right, cervical strain, multi-disc herniation and degenerative disc disease of the cervical spine, right upper extremity, low back pain and degenerative disc disease with osteophytes, right knee medial and lateral meniscus tears, right heel pain, headaches, stress and anxiety. Medications include Diclofenac and Omeprazole. As per progress report dated 09/05/14, the patient has cervical pain that radiates down the right arm. X-ray of the right shoulder, performed on 03/28/14, revealed prior humeral neck fracture with internal fixation. The patient is temporarily totally disabled, as per progress report dated 11/07/14. MTUS guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." MTUS Post-Surgical Guidelines, page 26-27, recommends 24 visits over 14 weeks in post-surgical cases of fracture of humerus. The post-operative time frame is 6 months. In this case, the patient suffers from chronic right shoulder pain, and is status post open reduction internal fixation with contracture of the right shoulder, date of this procedure not available, as per progress report dated 11/07/14. Physical examination of the right shoulder revealed resisted abduction and external rotation. In the same progress report, the treater states that the patient "has been doing therapy with a home exercise program." The report, however, does not document the number of PT sessions the patient has attended in the past. In progress report dated 07/25/14, the treater requested 18 sessions of PT for the right shoulder. There is no RFA for this case. The UR denial letter, however, states that the current request is a retrospective request for four physical therapy sessions for the right shoulder on 9/17/14, 9/19/14, 9/23/14 and 9/30/14. The UR letter also states that patient has received 33 sessions of PT for the shoulder. The treater does not document measurable reduction in pain or improvement in function due to prior treatment. Additionally, it is not known whether the patient is within the post-operative time frame or not. Nonetheless, the treater's request exceeds the 24 sessions recommended by MTUS in post-surgical cases and the 8 - 10 sessions allowed by MTUS in non-operative cases. Hence, the request IS NOT medically necessary.