

<b>Case Number:</b>	CM15-0169419		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	11/19/2012
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 female, who sustained an industrial injury on 11-19-2012. The injured worker was diagnosed as having left shoulder impingement, left biceps tendonitis, left acromioclavicular joint arthritis, and radiculopathy. The request for authorization is for: physical therapy 2 times a week for 6 weeks. The UR dated: 8-8-2015, non-certified physical therapy 2 times a week for 6 weeks. On 7-15-2015, she is reported to have had surgery on 4-2-2014 to the left shoulder. She currently reports her pain as 6 out of 10, and indicates there is numbness and tingling with radiating pain proximally and distally. She indicated the pain to be relieved by rest. She is noted to have a limited range of motion of the shoulder, full range of motion to the elbow, wrist and hand. There is a positive impingement, neer and Hawkins tests. On 2-16-2015, she is reported to have had physical therapy for the low back and to not have exhausted 24 sessions. On 2-23-2015, she is reported to be continuing physical therapy for the left shoulder. On 4-9-2015, physical examination revealed left shoulder abduction, intact neurologically, tenderness to the trapezius. On 6-18-2015, she is seen for follow up regarding her left shoulder. She is noted to have a restricted range of motion by 50%. She was continued on physical therapy of the left shoulder. The treatment to date has included: left shoulder arthroscopy with biceps tenodesis, labral debridement, subacromial decompression and distal clavicle resection (4-2-2014), undetermined amount of physical therapy of the left shoulder. Diagnostic testing has included: x-ray of the left shoulder (7-15-2015), magnetic resonance imaging of the left shoulder (unknown date), magnetic resonance imaging of the cervical spine (4-22-2015).

## 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 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in November 2012 and underwent left shoulder arthroscopic surgery in April 2014 with a subacromial decompression and labral debridement. The claimant had therapy prior to surgery and case notes reference completion of 16 postoperative treatment sessions. In February 2015 she had completed 7 of 8 planned treatment sessions. Another course of therapy is documented with completion of 5 of 8 treatments as of 07/01/15. When seen, pain was rated at 6/10. There was limited shoulder range of motion with positive impingement testing. Strength testing was limited by pain. An additional 12 physical therapy treatment sessions are being requested. After the surgery performed, guidelines recommend up to 24 visits over 14 weeks with a physical medicine treatment period of 6 months. The claimant is more than 6 months status post surgery, and the chronic pain treatment guidelines apply. The claimant has recently had additional skilled physical therapy treatments. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for strengthening and range of motion. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. Skilled therapy in excess of that necessary could promote further dependence on therapy provided treatments. The request is not medically necessary.