

<b>Case Number:</b>	CM15-0219099		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	12/29/2014
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	10/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency Medicine

### 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 48-year-old male, with a reported date of injury of 12-29-2014. The diagnoses include left rotator cuff sprain and strain, left shoulder impingement syndrome, rule out left shoulder rotator cuff tear, and left shoulder rotator cuff tear with biceps tendinosis. The follow-up report dated 10-13-2015 indicates that the injured worker continued to complain of chronic left shoulder pain, and he reported increased pain with activity. It was noted that the injured worker continued to be evaluated for surgery by orthopedics, and he requested physical therapy and a cortisone injection to the shoulder. The physical examination of the left shoulder showed positive impingement sign; positive Hawkins sign; a painful decrease in range of motion on flexion and abduction to approximately 65 degrees; negative apprehension test; decreased deltoid muscle strength on the left; diminished grip strength on the left; tenderness to the anterior and posterior deltoid head and the acromioclavicular joint on the left; scattered redness over the medial epicondyle of the left elbow; and tenderness to the biceps tendon origin and insertion. The injured worker's work status was noted as modified work. The diagnostic studies to date have not been included in the medical records provided. Treatments and evaluation to date have included Naproxen, physical therapy, and Ibuprofen. The medical records included seventeen (17) physical therapy reports from 05-04-2015 to 07-17-2015. The physical therapy report dated 07-17-2015 indicates that the injured worker presented with left shoulder pain, which he rated 6 out of 10. He also complained of a burning pain in the upper arm. The physical examination of the left shoulder showed no gross deformity or gross atrophy; forward flexion at 150 degrees; internal and external rotation at 70 degrees; crepitus and pain with Hawkin's and Neer's with

weakness and pain with empty can and supraspinatus testing; positive Speed's test; negative Yergason's test; and mild positive cross body test. The treating physician requested physical therapy three times a week for four weeks for the left shoulder. On 10-29-2015, Utilization Review (UR) non-certified the request for physical therapy three times a week for four weeks 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, left shoulder, 3 times weekly for 4 weeks, 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. 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). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case, the patient has had prior treatment of 17 visits with physical therapy. The number of treatments received surpasses the recommended maximum number of 10. In addition, there is no documentation of objective evidence of functional improvement. The request is not medically necessary.