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| <b>Case Number:</b>   | CM15-0225551 |                              |            |
| <b>Date Assigned:</b> | 11/24/2015   | <b>Date of Injury:</b>       | 07/10/2015 |
| <b>Decision Date:</b> | 12/31/2015   | <b>UR Denial Date:</b>       | 11/06/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/17/2015 |

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 72 year old male, who sustained an industrial injury on 7-10-2015. According to physician documentation, the injured worker was diagnosed with a closed left acetabular fracture, a closed left fracture of acromion of scapula and muscle weakness. According to subjective findings for occupational therapy dated 9-18-2015, the injured worker had difficulty lifting and using his left arm indicating sometimes pain with weight bearing on left hip or moving left shoulder. According to physical therapy findings dated 10-29-2015, the injured worker had no complaints of left hip pain and is ambulating with a single point cane without pain. He has 2 out of 10 clicking/catching pains with range of motion in the left shoulder with weakness, stating he has finished home physical therapy and wants to begin outpatient physical therapy to improve shoulder movement. Objective findings dated 9-18-2015, were notable for 60 degree left shoulder flexion with active range of motion and 110 degrees with passive range of motion. On 9-24-2015, the injured worker increased left shoulder range of motion, but still has weakness and 10-29-2015 was notable for minimal tenderness to palpation over left shoulder. On 7-10-2015, an X-ray of the left shoulder was performed revealing a non-displaced fracture of the acromion, with a possible glenoid fracture and an X-ray of the left hip revealing an acute left acetabular fracture. Treatments to date have included hip surgery, therapeutic exercises, physical and occupational therapy and Norco 5-325mg. The Utilization Review determination dated 11-6-2015 did not certify treatment/service requested for 2 visits of left shoulder physical therapy modified from 16.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Physical Therapy Left Shoulder 16 Visits: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy to the left shoulder, 16 visits is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's relevant working diagnoses are rotator cuff insufficiency, left; closed fracture left acetabulum; fracture of acromion of scapula left. Date of injury is July 10, 2015. Request for authorization is November 5, 2015. According to an October 29, 2015 progress note, the injured worker status post open reduction internal fixation scapula fracture, left acetabular fracture with open reduction internal fixation and a left hip fracture open reduction internal fixation on July 10, 2015. The injured worker completed home-based physical therapy and the treating provider is seeking additional outpatient therapy. Objectively, tenderness is minimal over the left shoulder. Motor strength is 4/5 deltoid, 4/5 with internal and external rotation and 5/5 in the remainder of the shoulder. The guidelines recommend 8 visits over 10 weeks. The total number of physical therapy sessions to the shoulder is not specified. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, guideline recommendations indicating 8 visits over 10 weeks and no documentation indicating the total number of physical therapy sessions to date (left shoulder), physical therapy to the left shoulder, 16 visits is not medically necessary.