

<b>Case Number:</b>	CM15-0036080		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	12/13/2012
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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: Colorado

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 55 year old male sustained an industrial injury on 12/13/12. He subsequently reports ongoing neck and left shoulder pain. Diagnoses include left shoulder impingement. Treatments to date have included work restrictions, physical therapy and prescription pain medications. On 2/25/15, Utilization Review partially-certified a request for Outpatient physical therapy two (2) times a week times four (4) weeks, left shoulder and spine. The Outpatient physical therapy two (2) times a week times four (4) weeks, left shoulder and spine was modified to three (3) sessions based on MTUS Chronic Pain guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient physical therapy two (2) times a week times four (4) weeks , left shoulder and spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** Per the MTUS, Physical Therapy is recommended. Passive therapies would be indicated short term early in the injury / pain process to alleviate pain and swelling. Active therapies then would be added to the passive therapies to improve flexibility, strength, endurance and function. Patients would require supervision initially and then would continue active therapies at home to maintain function and overall improvement. Active therapies results in better clinical outcomes than passive therapies alone. The guidelines specify number of visits recommended for specific pain disorders. For myalgia / myositis, characteristic of thoracic and cervical strains, physical therapy can be recommended 9-10 visits over 8 weeks. Per the MTUS postsurgical guidelines, the recommended number of Physical Therapy visits after Shoulder surgery for Rotator cuff or Impingement, is 24 visits over 14 weeks. The post-surgical physical medicine treatment period extends to 6 months post procedure. For the patient of concern, the records indicate that he is 2.5 months status post left shoulder surgery for impingement. He has completed 15 physical therapy sessions post-operatively for the shoulder, and additional physical therapy sessions are requested, now to include spine. In addition to patient shoulder pain, he has ongoing neck pain to be addressed. There is no documentation that patient's recent 15 sessions of physical therapy included neck, as they were post-operative for shoulder. Based on patient history and the guidelines, he has not yet completed the total number of recommended physical therapy sessions postoperatively, and is still in the physical medicine treatment period (<6 months post op). Furthermore, the requested number of physical therapy visits (2 visits per week x 4 weeks) is the appropriate number of visits for spine issues as well. The requested Physical Therapy visits, for left shoulder and spine, 2 visits per week for 4 weeks is medically necessary.