

<b>Case Number:</b>	CM15-0047354		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	01/23/2014
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: Texas, California

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:

The injured worker is a 44-year-old male, with a reported date of injury of 01/23/2014. The diagnoses include cervical/thoracic strain, mild discogenic spondylosis at C4-6, and anterior desiccation of the left shoulder. Treatments to date have included urine drug screenings, physical therapy, an x-rays of the left shoulder, and an x-ray of the cervical spine. The progress report dated 01/21/2015 indicates that the injured worker's pain was rated 6 out of 10. The objective findings include moderate tenderness and spasm of the neck. The treating physician requested physical therapy three times a week for four weeks for the left shoulder. A previous report indicated that the physical therapy was recommended to help the injured worker strengthen and stabilize. He has had a urine drug toxicology report on 1/16/15 that was positive for opioid. The patient has had X-ray of the cervical spine that revealed degenerative changes and left shoulder X-ray on 2/28/14 with normal findings. Per the doctor's note dated 12/16/14 physical examination revealed tenderness on palpation on right shoulder and positive impingement sign. A recent detailed physical examination of the left shoulder was not specified in the records provided. Any recent detailed clinical evaluation note of treating physician was not specified in the records. Per the doctor's note dated 3/13/14 patient had complaints of left shoulder pain at 8/10. Physical examination of the left shoulder revealed tenderness on palpation, limited range of motion and 4/5 strength. Patient has received an unspecified number of PT visits for this injury. The medication list included Ultram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, 3 x 4 week, Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

**Decision rationale:** Request: Physical Therapy, 3 x 4 week, Left Shoulder. Physical therapy twice a week for eight weeks for cervical and lumbar spine. The guidelines cited below state, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." A recent detailed physical examination of the left shoulder was not specified in the records provided. Any recent detailed clinical evaluation note of treating physician was not specified in the records. Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. There was no objective documented evidence of any significant functional deficits that could be benefitted with additional PT. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Physical Therapy, 3 x 4 week, Left Shoulder is not fully established for this patient. The request IS NOT medically necessary.