

<b>Case Number:</b>	CM15-0082569		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	10/03/2012
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 51-year-old male who sustained an industrial injury on 10/3/12 involving his right shoulder when he picked up merchandise and put it into a cart while pushing it. He was diagnosed with sprain right upper limb and was treated with heating pad and ice pack. He was prescribed ibuprofen and placed on modified duty. Of note, the injured worker is a T4 paraplegic and is wheelchair bound. He currently (4/8/15) reports residual pain involving his right wrist and shoulder but symptoms are gradually improving. Medications are Abilify, buspirone, diclofenac sodium, escitalopram, omeprazole, Tramadol, trazadone and Vicodin. Medications help him perform activities of daily living. Diagnoses include impingement syndrome; biceps tendon rupture; right rotator cuff tear; arthroscopic right shoulder surgery (11/3/14); left carpal tunnel release (8/2014); right carpal tunnel release (1/28/15); severe brachial myofascial pain syndrome. Diagnostics include MRI of the right shoulder (3/19/14) revealing moderate tendinosis of the rotator cuff; small tear of the supraspinatus and superior fibers of the subcapularis. In the progress note dated 4/8/15 the treating provider's plan of care includes a request for physical therapy 12 additional sessions for strengthening and wheelchair transfer skills. Per progress note dated 2/24/15 the treating provider indicates that since the injured worker had his right carpal tunnel release (1/28/15) he has been struggling with transferring himself from his wheelchair and was experiencing right shoulder soreness and occasional pain. In the physical therapy, evaluation dated 3/31/15 the injured worker had improved with transferring but still with weakness throughout the shoulder complex.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of physical therapy for treatment of right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation Shoulder (Acute & Chronic), Physical Therapy, ODG Preface Physical Therapy.

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Regarding physical therapy, ODG states "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); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. Medical documentation provided indicates this patient has attended at least 20 post-surgical physical therapy sessions. Guidelines recommend a maximum of 24 post-operative physical therapy sessions for arthroscopic shoulder surgery. The request for 12 sessions is far in excess of the MTUS and ODG guidelines. As such, the request for 12 sessions of physical therapy for treatment of right shoulder is not medically necessary.