

<b>Case Number:</b>	CM14-0018039		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	10/22/2013
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant injured his left shoulder on 10/22/13. Additional physical therapy for 6 visits is under review. The claimant attended physical therapy for 5 visits from 11/13/13 through 12/23/13. Originally he was treated for bicipital tendinitis. He had ongoing symptoms as of 01/07/14 with no change in his subjective complaints and he had pain and tenderness in his shoulder. Additional PT was ordered but he had completed the initial 12 PT visits. He was not improving further with physical therapy. He remained symptomatic and eventually underwent surgery. On 01/24/14, additional PT was recommended for 6 visits. A note dated 03/27/14 indicated that he had previous therapy with cortisone injections 3 in physical therapy 12 with no long-term relief of symptoms. On 05/05/14, he had decreased range of motion and evidence of impingement. He is status post arthroscopic surgery with decompression, acromioplasty, debridement, and Mumford procedure on 06/06/14. He also had advanced AC joint osteoarthritis with spur formation and fraying of the posterosuperior labrum as well as 20% bursal sided rotator cuff fraying. Overall he was progressing well. He had well-healed arthroscopic portals. Physical therapy was recommended. He was to continue his medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy, 2 times a week for 3 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder - physical therapy

**Decision rationale:** The history and documentation do not objectively support the request for an additional 6 visits of PT. The request appears to have been during his initial course of treatment (preop). The MTUS recommend a "short course of supervised exercise instruction by a therapist" as being optional. The ODG recommend up to 10 visits over 8 weeks. There is evidence that the claimant remained symptomatic with little benefit from his initial PT. Eventually, he underwent arthroscopic surgery. The claimant attended what should have been a reasonable number of PT visits and reported no benefit. There is no clinical information that warrants the continuation of PT for an extended period of time. There is no evidence that the claimant remained unable to continue his rehab with an independent HEP while awaiting additional evaluation. The medical necessity of the additional 6 visits of therapy (2 x 3 weeks) has not been clearly demonstrated.