

<b>Case Number:</b>	CM14-0118112		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/16/2012
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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:

This is a 43 year-old male with an 8/16/12 date of injury. The patient was most recently seen on 8/7/14 with complaints of pain referable to the right ankle and left shoulder. He reported excellent progress in recovery from shoulder problems, which were attributed to the beneficial effects of physical therapy. Nonetheless, he continued to experience some deficits with regards to weakness, and had stiffness and pain at the end ranges of motion. Although ankle complaints were not addressed in this most recent visit, a treatment note from 4/24/14 detailed the specific ankle complaints of pain that is worse with prolonged weight-bearing activities. An 11/26/13 MRI of the left shoulder reportedly showed rotator cuff tendinitis, but an otherwise normal shoulder. An MRI of the right ankle performed that same day, showed peroneus longus tendon sheath inflammation, as well as inversion of the ankle. Exam findings in the shoulder on 8/7/14 revealed positive Neer's and Hawkins impingement signs. There was a negative cross arm test, as well as a negative O'Brien's test. Forward flexion and abduction was to 170-degrees, and internal rotation was to L4. Strength was graded at 4/5. Examination of the ankle showed full range of motion in all planes. Manual muscle testing strength was 5/5 in all planes, excluding the peroneus longus, which was 4/5. There was a negative anterior drawer, negative deltoid, and negative quadriceps test. The patient's diagnoses included: 1) Peroneus longus tendon sheath inflammation as well as inversion of the ankle, per MRI dated 11/26/13. 2) Rotator cuff tendinitis, left shoulder, per MRI dated 11/26/13. The medications included: ibuprofen, Voltaren Gel. Significant Diagnostic Tests: MRI, left shoulder; MRI, right ankle Treatment to date: medications, physical therapy. An adverse determination was received on 7/1/14. Although physical therapy to the right ankle was deemed to be medically necessary, the relatedness of the condition to the industrial injury had not been determined. Therefore, the request for physical therapy 2 x 6 was modified to physical therapy x 2, right ankle.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy (PT) 2 X 6 (2 times a week for 6 weeks):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2009), General Approaches: ACOEM Pain, Suffering, and the Restoration of Function Chapter 6 (page 114).

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. These guidelines further stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. This patient has been under care for an industrial injury to the left shoulder, for which he has been receiving physical therapy. There are physical findings of weakness and reduced range of motion, as well as positive orthopedic tests for impingement. This was supported by MRI findings of rotator cuff tendinitis. The patient is also under treatment for a right ankle injury, for which he has had a few physical therapy sessions. However, the patient complains of continued pain with weight-bearing activities, and there were exam findings of weakness in the peroneus longus tendon. There were also correlative findings of peroneus longus tendon sheath inflammation, on MRI. Therefore, Physical Therapy (PT) 2 x 6 (2 times a week for 6 weeks) is medically necessary.