

<b>Case Number:</b>	CM14-0160613		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	10/21/2005
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Family Medicine, and is licensed to practice in New York. 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 injured worker is reported to have tripped at work and fallen on an outstretched hand in October 2005. Her job had been preparing and loading boxes from 5 to 50 lbs in weight. There is an annotation that previously while working in a nursing home she had injured her left wrist and hand bracing herself to sustain a falling patient, sometime in 2002. She has not worked since 2007. She is being followed for a sprain of the L wrist noted on an MR Arthrogram report (4/19/11) showing a partial tear of the ulnar styloid attachment of the TFCC associated with moderate Carpo-Metacarpal OA. Also a L shoulder sprain with MR Arthrogram (4/22/13) evidence for an inferior surface partial tear of the distal anterior supraspinatis with some degenerative change of the greater tuberosity. Lastly she is status post arthroscopic L shoulder decompression, distal clavicle resection with labral and rotator cuff debridement. She was determined to have reached MMI for her L shoulder and wrist 30May2007 and the L thumb carpo-metacarpal degenerative arthritis 5May2008. The injured worker had continued to see her primary provider for management of these issues. At a visit dated 2Jun14 the member was reported to continue to experience severe L shoulder, elbow and wrist pain. The severity is not quantified on the Visual Analog Scale. Medications were working ( Anaprox, Ultracet and Prilosec) as was Physical Therapy. The frequency and number of PT visits is not available nor are the medications strength, dosing and indications. The examination is described as showing a decreased ROM with TTP in the L shoulder but no specific degrees are documented. PT was recommended to continue for the L shoulder 2X2 weeks. A followup visit dated 11Aug14 describes the patients pain as now frequent moderate L shoulder, elbow and wrist and medications continue to help. Description of the physical examination remained unchanged as was the plan for PT 2X2 weeks. The reason for the review is to assess the medical necessity for PT to the L shoulder X2 / wk for 2 weeks.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x week x 2 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG Shoulder (updated 08/27/14) Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195, 204, 210-211, 212, Chronic Pain Treatment Guidelines Part 2 Page(s): 7, 8, 92, 98-99.

**Decision rationale:** Pain is subjective. It cannot be readily validated or objectively measured. Subjective reports of pain severity may not correlate well with its functional impact. It is essential to understand the extent that function is impeded by pain. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The efficacy of arthroscopic decompression for full-thickness tears depends on the size of the tear; one study reported satisfactory results in 90% of patients with small tears. Postoperative physical therapy is a recommended option to decrease pain, restore ROM and muscle strength and to improve function. It usually can be completed in 8 weeks allowing for fading of frequency down to 1 visit a week or less but can be extended in the face of functional improvement. It would be expected then that if the injured workers surgery were a success that the initial postoperative PT would have restored function. Documentation of a flare may be justification to consider another course of treatment. The ongoing record does not report a flare of symptoms nor a new injury to the shoulder. The injury is well past the point of ongoing utility from the surgery in 2013 from which she was reported to have noted a decrease in pain. The ongoing use of PT in this situation, especially in the face of an absence of improved function cannot be supported. Concur with the UR review.