

<b>Case Number:</b>	CM14-0165959		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	10/01/2013
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 60-year-old male who sustained an injury on 10/1/13. As per 9/17/14 report, he presented with left shoulder pain. Examination revealed pain with above the shoulder activities and painful motion of the shoulder. MRI of the left shoulder dated 12/18/13 revealed immediate signal intensity in the inferior glenohumeral ligament with a small glenohumeral joint effusion extending into the subscapularis recess, mild rotator cuff tendinosis, mild to moderate acromioclavicular joint arthrosis with mild narrowing of the supraspinatus outlet, trace subacromial/subdeltoid bursitis, mild chondral thinning at the glenohumeral joint. Medications are helping the pain but it was not legible from the handwritten report as to what medications he is on. He had a recent flare-up due to trying to increase strengthening in physical therapy and trying to increase home exercise program but otherwise has been progressing well with the physical therapy treatment and finds it very helpful. Exam dated 7/29/14 noted improved ROM in all planes. He had 8 physical therapy visits authorized on 5/14/14 and had modified certification for physical therapy of left shoulder for 3 additional visits on 06/19/14. Diagnoses include partial rotator cuff tear of left shoulder with labral tear. The request for additional physical therapy left shoulder Quantity: 6 was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy left shoulder Quantity: 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder

**Decision rationale:** As per CA MTUS guidelines, physical medicine 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. ODG guidelines for shoulder impingement syndrome, allow 10 PT visits over 8 weeks. CA MTUS - Physical Medicine; Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, the IW has had unknown number of physical therapy in the past, 8 PT visits authorized on 5/14/14 and 3 PT visits modified on 6/19/14; however, there is no record of any progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Additionally, the request for physiotherapy would exceed the guidelines recommendation. Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines