

<b>Case Number:</b>	CM14-0178693		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	04/08/2005
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Internal 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 injured worker (IW) is a 53-year-old woman with a date of injury of April 8, 2005. The mechanism of injury was not documented in the medical record. Pursuant to the Orthopedic Follow-Up Note dated September 8, 2014, the IW complaints of right shoulder pain. The states the pain is constant and is increased with range of motion. There is no swelling. There have been no changes since last visit. Physical examination reveals do deformity of the right shoulder. There is tenderness to palpation of the shoulder. The apprehension sign, Neer's test, Hawkins's rest, Speed's test and Yergason's test are all positive. An MRI of the right shoulder dated May 13, 2014 demonstrates an exterior labral rear at the 3 o'clock area, a rotator cuff tear and tendinitis in the supraspinatus and infraspinatus. There is also impingement. Current medications were not documented. The physician instructed the IW to continue with her pain management physician for medications. Physical therapy was recommended 2 times a week for 6 weeks (12 sessions). There is no documentation regarding past physical therapy or functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the Right Shoulder QTY: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, physical therapy to the right shoulder (12 sessions) is not medically necessary. Physical therapy is recommended in certain situations with specific guidelines as to frequency and duration. Physical therapy guidelines indicate: allow for fading of treatment frequency from up to three visits per week to one or less, plus active self-directed home physical therapy. Rotator cuff syndrome/impingement syndrome medical treatment consists of 10 visits over eight weeks. The ACOEM guidelines support the necessity of a focused amount of therapy for instruction in a home exercise program but they do not address the quantity of care. In this case, the medical record shows there is chronic pain, limited range of motion and tenderness in the right shoulder. However the documentation does not reflect the amount of previous physical therapy administered nor does it reflect or document the degree of functional objective benefit/improvement from the prior therapy. The injured worker does report subjective improvement in pain, but the objective evidence by the treating physician is absent. Consequently, physical therapy 12 visits to the right shoulder are not medically necessary.