

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0215962 |                              |            |
| <b>Date Assigned:</b> | 01/06/2015   | <b>Date of Injury:</b>       | 06/30/2009 |
| <b>Decision Date:</b> | 03/04/2015   | <b>UR Denial Date:</b>       | 12/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/23/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 46-year-old man with a date of injury of June 30, 2009. The mechanism of injury occurred as a result of a fall. The injured worker's working diagnoses are bilateral shoulder pain and dysfunction; right shoulder partial rotator cuff tear; bilateral elbow pain and dysfunction; bilateral lateral epicondylitis; cervical spine strain; lumbar spine strain; and status post left shoulder arthroscopy with debridement of prior SLAP lesion suture, biceps tenotomy, and subacromial decompression on April 24, 2014. Pursuant to the progress noted dated November 19, 2014, the IW complains of constant left shoulder pain rated 5/10. He also has neck and low back pain rated 9/10. The pain is associated with radiation to the legs. The IW notes right knee popping. Right shoulder complains are not documented. Examination of the right shoulder reveals flexion to 160 degrees, external rotation to 80 degrees, and internal rotation to 70 degrees. Speed's test and impingement tests are positive. No atrophy is noted. Sensory and motor exam are intact. Examination of the left shoulder reveals well healed scars. Flexion to 134 degrees, abduction to 125 degrees, internal rotation to 45 degrees, and external rotation to 60 degrees. Current medications include Methoderm gel, Naproxen, Tramadol, and Omeprazole. The treatment plan includes continued physical therapy. According to UR documentation, the IW has been approved for right shoulder arthroscopy. The total number of physical therapy the IW has completed to date is not documented in the medical record. Objective functional response to prior physical therapy is not documented. There were no physical therapy notes in the medical record aside from a sole physical therapy discharge note dated July 17, 2014. The documentation indicates the IW began treatment on May 22, 2014 and

received 6 sessions of post-op supervised treatment to the left shoulder. He attained maximum benefit from PT. He will be discharged from PT and back to the care of his primary care physician. It appears that the last session of physical therapy to the left shoulder was July 17, 2014, however, the last session of physical therapy session to the right shoulder is absent in the documentation. The current request is for continued physical therapy 3 times a week for 6 weeks to the bilateral shoulder.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Physical Therapy 3 Times a Week for 6 Weeks to The Bilateral Shoulders: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Shoulder Section, Physical Therapy

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week times six weeks to the bilateral shoulders is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. The guidelines enumerate the frequency and duration of physical therapy based on the injury sustained. In this case, the injured worker's working diagnoses are bilateral shoulder pain and dysfunction; right shoulder partial rotator cuff tear; bilateral elbow pain and dysfunction; bilateral lateral epicondylitis; cervical spine strain; lumbar spine strain; and status post left shoulder arthroscopy with debridement of prior SLAP lesion suture, biceps tenotomy, and subacromial decompression on April 24, 2014. The documentation indicates the injured worker began physical therapy on May 22, 2014. The injured worker receives successions of post-operative supervised physical therapy treatment to the shoulder. According to the physical therapist you attain maximal benefit from physical therapy will be discharged back to the care of his primary care physician. There are no compelling clinical facts in the medical record indicating additional physical therapy is required. Consequently, absent compelling clinical documentation for additional physical therapy, additional physical therapy three times per week times six weeks of bilateral shoulders is not medically necessary.