

<b>Case Number:</b>	CM14-0218192		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	12/22/2008
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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

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 is a 74 year old male who suffered an unknown work related injury on 12/02/08. Per the latest physician notes available for review on 08//01/14, he complains of left shoulder pain. The shoulder is noted to be quite painful and inflamed with limited range of motion and tenderness. The recommended treatments include physical therapy, Norco, and Motrin. The Physical therapy was denied by the Claims Administrator on 12/02/14 and was subsequently appealed for Independent Medical Review. The primary treating physician's progress report dated January 10, 2014 documented that the patient was receiving physical therapy PT treatments. The date of injury was December 2, 2008. The primary treating physician's progress report dated June 30, 2014 documented that the patient was performing a home exercise program. The primary treating physician's progress report dated August 1, 2014 documented that a request for 12 visits of physical therapy. Physical examination demonstrated left shoulder pain. Range of motion demonstrated flexion 90 degrees, abduction 90 degrees, internal rotation 60 degrees, and external rotation 60 degrees. Diagnosis was left shoulder rotator cuff tendinitis and biceps tendinitis. The 8/1/14 progress report was the latest progress reported submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 x 4 for the left shoulder: 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 Therapy (PT) Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Pain (Chronic) Physical medicine treatment. Preface, Physical Therapy Guidelines. Shoulder (Acute & Chronic) Physical therapy.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) recommends 10 visits for rotator cuff syndrome. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six-visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. The primary treating physician's progress report dated January 10, 2014 documented that the patient was receiving physical therapy PT treatments. The date of injury was December 2, 2008. The primary treating physician's progress report dated June 30, 2014 documented that the patient was performing a home exercise program. The primary treating physician's progress report dated August 1, 2014 documented that a request for 12 visits of physical therapy. Physical examination demonstrated left shoulder pain. Range of motion demonstrated flexion 90 degrees, abduction 90 degrees, internal rotation 60 degrees, and external rotation 60 degrees. Diagnosis was left shoulder rotator cuff tendinitis and biceps tendinitis. The 8/1/14 progress report was the latest progress reported submitted for review. No function improvements with past PT physical therapy treatments were documented. The utilization review dated December 2, 2014 documented that the 10 sessions of physical therapy were approved on October 27, 2014. A request for authorization dated November 7, 2014 request 12 additional visits of PT physical therapy for the left shoulder. The medical records indicate that the number of PT physical therapy treatments have already exceeded MTUS and ODG guidelines. No function improvement with past PT physical therapy treatments were documented. Therefore, the request for additional PT physical therapy is not supported by MTUS or ODG guidelines. Therefore, the request for physical therapy 3 x 4 for the left shoulder is not medically necessary