

<b>Case Number:</b>	CM15-0125180		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	06/06/2008
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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 is a 42 year old female, who sustained an industrial injury on 6/6/08. Initial complaints were noted as cumulative trauma and repetitive strain. The injured worker was diagnosed as having chronic cervical trapezial strain/sprain; chronic right wrists/forearm strain repetitive strain injury; SLAP tear; mild acromioclavicular arthrosis; no focal rotator tear. Treatment to date has included status post right shoulder arthroscopy (3/28/13); status post excision of keloid (9/12/13); status post right shoulder arthroscopic revision surgery (9/25/13); status post right shoulder revision labral repair, biceps tenodesis, limited intra-articular debridement; subacromial decompression/partial acromioplasty; distal clavicle excision; capsular release and manipulation (2/10/15); physical therapy; medications. Diagnostics studies included MRI cervical spine-normal (3/9/09); EMG/NCV upper extremities (11/5/08). Currently, the PR-2 notes dated 4/10/15 indicated the injured worker complains of pain level remained unchanged since last visit of 6/10. Quality of sleep is poor. She is taking her medications as prescribed and they are working well without side-effects. Medications are listed as: Pristiq ER 50mg, Flexeril 7.5mg, Lidoderm 5% patch, Norco 10/325mg, Albuterol, Xanax 0.25mg and Dilaudid 4mg. She is a status post right shoulder revision labral repair, biceps tenodesis, limited intra-articular debridement; subacromial decompression/partial acromioplasty; distal clavicle excision; capsular release and manipulation of 2/10/15. On physical examination the provider documents paravertebral muscles, hypertonicity, spasms, tenderness and tight muscle band bilaterally of the cervical spine. The thoracic spine notes paravertebral muscles, hypertonicity, spasms, tenderness and tight muscle band on the right side. Trigger point with radiating pain and twitch response at

the paraspinal muscles on the right and left. On the right shoulder exam, the Hawkin's and Neer's test are positive. Palpation notes tenderness in the biceps groove and subdeltoid bursa. The right shoulder is supported with a sling due to recent surgery. The provider is requesting authorization of additional physical therapy for her right shoulder 12 sessions.

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

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

#### **Physical Therapy, Right Shoulder, 12 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Therapy guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy right shoulder 12 sessions 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses are status post revision right shoulder SLAP tear, possible biceps tenodesis, distal clavicle excision and capsular release. The date of injury is June 6, 2008. The request for authorization is May 13, 2015. According to an April 30, 2015 progress note, the injured worker is status post right shoulder arthroscopy revision SLAP repair. According to a physical therapy prescription dated February 17, 2015, the injured worker was authorized 24 sessions of physical therapy. The treating provider requested an additional 12 sessions. There were no compelling clinical facts indicating additional physical therapy is clinically indicated. The utilization review initiated a peer-to-peer conference call with the treating provider. The provider has agreed an additional six sessions were clinically indicated. Based on the clinical information the medical record, the peer-reviewed evidence-based guidelines and the peer-to-peer conference call with an agreement an additional six physical therapy sessions are clinically indicated, physical therapy right shoulder 12 sessions is not medically necessary.