

<b>Case Number:</b>	CM15-0126369		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	11/06/2014
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/22/2015
<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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 52 year old male who sustained an industrial injury on November 6, 2014. The injured worker reported trying to keep a heavy object from swaying resulting in neck, shoulder, back and left arm injury. Diagnosis included rule out rotator cuff tear left shoulder and cervical sprain. Treatment to date has included x-ray, physical therapy (12 sessions which were not helpful), medications and Transcutaneous Electrical Nerve Stimulation (TENS) therapy. A progress note dated May 26, 2015 provides the injured worker complained of left shoulder pain. Physical exam noted left shoulder decreased range of motion (ROM). The plan includes magnetic resonance imaging (MRI) and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 sessions of Physical Therapy for the Left Shoulder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index 11th Edition (web), updated 05/11/15.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 9

Shoulder Complaints Page(s): 48-9; 90; 203-5, 212, Chronic Pain Treatment Guidelines  
Physical Medicine Page(s): 98-9.

**Decision rationale:** Physical therapy or physiotherapy (often abbreviated to PT) is a form of medical therapy that remediates musculoskeletal impairments and promotes mobility, function, and quality of life through the use of mechanical force and movement (active and passive). Passive therapy may be effective in the first few weeks after an injury but has not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, done both in the Physical Therapist's office and at home is more likely to result in a return to functional activities. This treatment has been shown to be effective in restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. But, to be effective, active therapy requires an internal effort by the patient to complete the specific exercises at the PT clinic and at home. According to the MTUS, goal directed physical therapy for musculoskeletal inflammation should show a resultant benefit by 10 sessions over an 8 week period and the program should be tailored to allow for fading of treatment. The ACOEM guidelines additionally recommends that physical therapy for patients with delayed recovery be time contingent. This patient has had multiple (12) PT sessions since his injury 7 months ago. The medical records document that the physical therapy was not helpful. Although repeat physical therapy can be effective for exacerbations of chronic musculoskeletal pain the therapy should follow the above recommendations. The medical records document the patient's present symptoms as continuing pain from his injury in November 2014 rather than an exacerbation of a chronic injury. Furthermore, the provider did not render any reason for more therapy sessions than is recommended by the MTUS other than the PT provider is a different provider than the patient had for his initial PT. Medical necessity for the frequency and number of PT sessions requested has not been established. The request is not medically necessary.