

<b>Case Number:</b>	CM15-0177069		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	09/12/2013
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 54 year old male, who sustained an industrial-work injury on 9-12-13. He reported initial complaints of shoulder and elbow pain. The injured worker was diagnosed as having disorders of the bursae and tendons in shoulder region. Treatment to date has included medication, surgery (right elbow fracture surgery), and diagnostics. Currently, the injured worker complains of flare up of right shoulder pain. Meds included Nabumetone, Omeprazole, and Cyclobenzaprine. Per the primary physician's progress report (PR-2) on 7-31-15 exam of bilateral shoulder reveals tenderness to palpation about the trapezius musculature, restricted range of motion due to discomfort, rotator cuff weakness, and positive impingement sign. The right elbow reveals a healed scar, tenderness to palpation over the extensor surface and incision area, restricted range of motion, and fixed flexion contracture of 20 degrees. Current plan of care includes physical therapy. The Request for Authorization date was 8-18-15 and requested service that included Physical therapy 2 times a week for 4 weeks for bilateral shoulders. The Utilization Review on 8-25-15 denied the request due to lack of documentation to include prior therapy and duration of treatment for the shoulder (injury is 2 years old), per Official Disability Guidelines (ODG), Rotator cuff syndrome/Impingement syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 4 weeks for bilateral shoulders: 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), Rotator cuff syndrome/Impingement syndrome.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Shoulder (Acute & Chronic) Physical therapy.

**Decision rationale:** The claimant sustained a work injury in September 2013 and continues to be treated for right shoulder and elbow pain with a history of a right elbow fracture and triceps tendon rupture. In February and March 2015, eight physical therapy treatments were provided. When seen, he was having a flare-up of right shoulder pain over the previous two weeks. Physical examination findings included decreased and painful shoulder and elbow range of motion with positive shoulder impingement testing and rotator cuff weakness. There was trapezius muscle tenderness. There was right elbow tenderness with a fixed flexion contracture of 20 degrees. The claimant is being treated for chronic pain with no specific new injury to the shoulders. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the claimant has already had physical therapy within the past 6 months and the number of additional visits requested is in excess of that recommended. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for strengthening and range of motion. Providing the number of requested additional skilled physical therapy services would not reflect a fading of skilled treatments. The request is not medically necessary.