

<b>Case Number:</b>	CM15-0022366		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	08/06/2014
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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:

This 73-year-old female sustained an industrial injury on 8/6/14. Computed tomography should a left mid clavicle fracture. Magnetic resonance imaging left shoulder (9/11/14) showed partial tearing to supraspinatus, subscapularis and biceps as well as fraying infraspinatus, Treatment included sling, left stellate ganglion block, physical therapy, acupuncture, pool therapy and medications. The number of physical therapy sessions previously completed was not clear. In an office note dated 1/13/15, the injured worker complained of left shoulder pain 2/10 on the visual analog scale. The physician noted that the injured worker had been active with physical therapy and acupuncture and was happy with the results including increased range of motion. Current diagnoses included osteoarthritis of the shoulder and myofascial pain syndrome. Physical exam was remarkable for mild tenderness to palpation along the glenohumeral and acromioclavicular joint with improved range of motion on abduction and external rotation. The treatment plan included continuing Lidoderm patch and physical therapy. Utilization Review noncertified a request for eight (8) physical therapy sessions for the left clavicle/shoulder noting that the injured worker had already completed more than the recommended amount of physical therapy and citing ODG guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) Physical therapy sessions for the left clavicle/shoulder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Shoulder Physical Therapy and Physical Therapy Guidelines, Fracture of Clavicle.

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

**Decision rationale:** Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD 729.2): 8-10 visits over 4 weeks."The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) 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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." Per the ODG guidelines: Fracture of clavicle (ICD9 810):8 visits over 10 weeks. The documentation submitted for review indicates that the injured worker has already completed physical therapy for this injury. As there was no indication for additional sessions, and the injured worker should have been transitioned to self-directed home therapy, the request is not medically necessary.