

<b>Case Number:</b>	CM14-0143395		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	03/21/2014
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 40 year old female who was injured on 03/21/2013. The mechanism of injury is unknown. Prior treatment history has included 15 sessions of physical therapy and cortisone injection. Diagnostic studies reviewed include MRI of the left shoulder dated 05/23/2014 revealed a type II acromion with lateral downsloping and a black thing under the lateral inferior corner resting on the rotator cuff. Progress report dated 08/08/2014 indicates the patient presented with complaints of continued pain of left shoulder. The pain was described as mild to moderate and aching with activities and radiation down to the elbows. Her activity level is restricted and she was taking Celebrex. She is able to return to normal activities with the aid of her medications at about 80%. On exam, left shoulder revealed positive impingement test. Range of motion revealed forward flexion to 180 degrees; abduction 180 degrees; internal rotation to T-11; abducted 90 degrees internal rotation is 90 degrees; abducted 90 degrees external rotation is 105 degrees with pain. The patient is diagnosed with shoulder pain and has been recommended for additional therapy as the patient did not receive specific rotator cuff therapy. Prior utilization review dated 08/21/2014 states the request for Physical Therapy 3 times per week for 3 weeks for the left shoulder is denied as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 times per week for 3 weeks for the left shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) TWC: Shoulder

**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, Physical Therapy of Shoulder guidelines

**Decision rationale:** This patient has radiographic imaging consistent with cuff tendinopathy and mild biceps tendinopathy. She has proceeded through 14 sessions of physical therapy prior to the performance of an MR-arthrogram, after which the additional sessions were requested. During several of therapy sessions, the therapist noted problems identified in the cervical spine with facet related maneuvers. It appears that at least a portion of the sessions was directed towards the cervical spine as well as the shoulder. On examination range of motion is described as full, with positive impingement signs. The ODG states that for rotator cuff pain with an intact tendon, a trial of 3 to 6 months of conservative therapy is reasonable. The above request for additional ACTIVE therapy sessions is therefore within the recommendations of the guidelines. The MTUS further supports the potential benefit of active therapy intervention. It would therefore be appropriate for this patient to engage in an active therapy program with progression to a home exercise program to address and manage her shoulder symptoms. Based on guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.