

<b>Case Number:</b>	CM13-0006699		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/01/2010
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	07/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in Hawaii. 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 physician 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:

This patient is a 41 year old male employee with date of injury of 11/1/2010. Progress note dated 1/9/2013 by [REDACTED], state the patient's subjective complaints about his right shoulder. And MRI on 3/6/2013 indicate partial tear of supraspinatus tendon, subscapularis tendinosis, and degenerative changes to the AC joint, among other findings. [REDACTED] reports on 5/1/2013 "right shoulder reveals the patient has right AC tenderness, 2+/4, with decreased range of motion" and recommended formal evaluation by [REDACTED] (Orthopedist). A cortisone injection to the right shoulder was performed on 6/22/2013 by [REDACTED], however, no comments regarding physical therapy or the need for physical therapy was made. A utilization review dated 7/8/2013 partially certified for 10 physical therapy sessions. [REDACTED] note dated 7/12/2013 refers to his right shoulder derangement, but makes no comments regarding the improvement or worsening of his shoulder. An additional request for 12 physical therapy sessions was made by [REDACTED] on 7/18/2013. A utilization review determination dated 7/22/2013 recommended non-certification of an additional 12 physical therapy sessions to the right shoulder. Medical records indicate that an arthroscopy, debridement, subacromial decompression and excision of clavicle distal was subsequently performed on the right shoulder by [REDACTED] on 10/15/2013 with a postoperative diagnosis of partial RCT, labral tear of shoulder, and AC arthritis for which 12 physical therapy sessions approved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for 12 physical therapy sessions to the right shoulder: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196-219, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation MD Guidelines Rotator Cuff Tear

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. The patient does have indication for physical therapy and the utilization review recommendation dated 7/22/2013 for 9-10 visits over 8 weeks is consistent with medical literature and guidelines. Towards the end of the 10 physical therapy sessions, the patient should have been educated and directed to continue therapy at home, as per the MTUS guidelines. Progress notes made no mention as to the progress of the patient's shoulder or his response to physical therapy. As such, the request for 12 physical therapy sessions to the right shoulder is not medically necessary. There was additional documentation regarding the patient's shoulder surgery, but the original physical therapy sessions would have already been completed prior to the surgery being performed. An additional 12 physical therapy sessions was approved in conjunction with post surgical therapy.