

<b>Case Number:</b>	CM13-0045695		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/06/2010
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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:

The patient is a 67-year-old female who reported an injury on 08/06/2010. The mechanism of injury was not provided for review. The patient ultimately underwent right shoulder surgical repair with a partial thickness rotator cuff tear. The patient's most recent clinical evaluations documented the patient had restricted range of motion described as 110 degrees in flexion limited by pain and tenderness to palpation in the acromioclavicular joint and bicipital groove and subdeltoid bursa. The patient's diagnoses include shoulder pain. The patient's treatment plan included physical therapy to re-establish a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the right shoulder (12 sessions):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The requested physical therapy 2 times a week for 6 weeks for the right shoulder is not medically necessary or appropriate. California Medical Treatment Utilization Schedule states patients should be transitioned into a home exercise program to maintain

improvement levels obtained during skilled supervised therapy. The clinical documentation submitted for review does provide evidence the patient was transitioned into a home exercise program. However, it is noted the patient does not feel the home exercise program is effectively assisting the patient with range of motion deficits and pain complaints. Therefore, a short course of treatment to re-establish and re-educate the patient in an effective home exercise program would be indicated. However, the requested 12 visits is considered excessive. As such, the requested physical therapy 2 times a week for 6 weeks for the right shoulder is not medically necessary or appropriate.