

<b>Case Number:</b>	CM14-0151612		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	05/12/2012
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 56 year old male with a work injury dated 5/12/12. The diagnoses include right shoulder tendinosis; right shoulder arthroscopic surgery x 2; chronic lumbar pain. Under consideration is a request for physical therapy to the right shoulder two times a week for six weeks. A 7/8/14 document that states that the patient continue to have shoulder pain. The patient states that he has not had PT after the second shoulder surgery. A document dated states that the patient had a second right shoulder surgery in September 2012 which was followed by physical therapy. There is a 4/17/14 document that states that the patient had 2 right shoulder surgeries. The second one was a small tear and easily repaired without stress. The patient was subsequently treated with medications and therapy. He returned to modified work. A 2/2014 document states that the patient is status post re repair of the shoulder 6 months ago. He has been treated with medications and therapy. On exam he has full strength 5/5 in both upper extremities. There are negative impingement signs and no instability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy to the right shoulder two times a week for six weeks:** Upheld

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

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

**Decision rationale:** Physical therapy to the right shoulder two times a week for six weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The documentation is conflicting on whether the patient had therapy after the second surgery. There are no extenuating factors indicating that the patient needs to exceed the recommended 10 visits of therapy. Additionally, without clarification of how much prior therapy and the outcome of this therapy for the right shoulder more therapy cannot be certified. The request for physical therapy to the right shoulder two times a week for six weeks is not medically necessary.