

<b>Case Number:</b>	CM14-0166656		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	08/29/2011
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Internal Medicine 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 injured worker is a 46-year-old with a history of right shoulder impingement syndrome. The medical record was somewhat limited in clinical evaluations. The injured worker underwent arthroscopy, shoulder with extensive debridement and subacromial decompression. He received physical therapy three times a week for four weeks. The injured worker made progress with physical therapy with normalized range of motion and strength in the May 13, 2014 progress. There were however, some complaints of popping into the right shoulder/AC joint. MRI showed subacromial subdeltoid bursitis, supraspinatus and infraspinatus tendinitis and strain with minimal undersurface fraying at the distal infraspinatus insertion site. There was no full thickness rotator cuff tear or retraction. The treating physician requested an additional set of physical therapy sessions to the right shoulder three times per week for four weeks (12 sessions).

### 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, 3x4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Section, Physical Therapy

**Decision rationale:** Pursuant to the Official Disability Guidelines, physical therapy to the right shoulder three times a week for four weeks (12 visits) is not medically necessary. Patients should be formally assessed after the six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). In this case, the injured worker was scheduled to receive 12 physical therapy sessions to the right shoulder. The injured worker has a diagnosis of right shoulder decompression, or set to me, extensive debridement. He rescheduled for physical therapy 12 sessions. Physical therapy assessment dated March 4, 2014 indicated patient made progress physical therapy, with normalized range of motion and increased strength. However the injured worker continues to complain of some pain to the top of the right shoulder with right shoulder flexion, at which time the experiences popping. Physical therapy sessions extend into May 2014. On May 1 there were no complaints and on May 7 the subjective shoulder symptoms were "coming along" and "range of motion feels normal". Follow-up progress note dated September 15, 2014 states pain symptoms have remained unchanged and he continues to experience gradual and progressive pain symptoms about the right shoulder. This is contrary to the physical therapy progress notes from May 2014. The documentation does not contain a clinical rationale discussion as to why additional physical therapy is needed. After 12 physical therapy sessions the injured worker should be well-versed in home exercise program and according to the physical therapy notes the injured worker was doing well, coming along and range of motion feels the as of May 7, 2014. Consequently, physical therapy to the right shoulder three times a week for four weeks (12) visits is not medically necessary.