

<b>Case Number:</b>	CM14-0021488		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	06/15/2011
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 & 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 injured worker is a 70-year-old female who reported an injury on 06/15/2011, the mechanism of injury was not provided. The clinical noted dated 01/28/2014 noted that the injured worker stated she only had a couple of sessions of postoperative therapy and feels her right shoulder has not regained full strength and motion. Upon exam, the range of motion values for the right shoulder were 160 degrees of flexion, 150 degrees of abduction, and mild weakness noted in the right shoulder in flexion, abduction and external rotation. The injured worker was diagnosed with right shoulder impingement syndrome with possible rotator cuff tear and osteolysis distal clavicle, left knee medial compartment degenerative arthritis and possible medial meniscal tear, status post right shoulder arthroscopy, intra-articular surgery and subacromial decompression on 07/20/2013, and injury to the right shoulder. The provider recommended physical therapy 3 times a week for 6 weeks for the right shoulder, no rationale was provided within the medical documents. The Request for Authorization form was dated 01/31/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 3XWK X 6WKS FOR THE RIGHT SHOULDER:** Upheld

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

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

**Decision rationale:** The request for physical therapy 3 times a week for 6 weeks is non-certified. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, flexion, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by individuals who can complete a specific exercise or task. There is a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. Guidelines allow for up to 10 physical therapy visits; the amount of physical therapy visits that have already been completed for the right shoulder is not provided. The request for physical therapy visits 3 times a week for 6 weeks exceeds the guideline recommendations. As such, the request is non-certified.