

<b>Case Number:</b>	CM14-0068163		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/27/2013
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 57years old male with an injury date on 01/27/2013. Based on the 04/08/2014 progress report provided by [REDACTED], the diagnosis is: 1. Right shoulder rotator cuff tendinosis and bursitis. Status post intact rotator cuff repair. According to this report, the patient complains of activity related right shoulder pain. The shoulder exam is unchanged. The patient has forward elevation of 130 degrees and external rotation of 50 degrees. There were no other significant findings noted on this report. [REDACTED] is requesting outpatient physical therapy two times a week for four weeks for the right shoulder. The utilization review denied the request on 04/17/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/22/2013 to 07/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient physical therapy two sessions per week for four weeks to the right shoulder:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, physical therapy.

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

**Decision rationale:** According to the reports this patient presents with right shoulder pain. The treating physician is requesting 8 sessions of physical therapy for the right shoulder. The patient is status post rotator cuff in August 2013 and is outside of post-surgical time-frame and for therapy treatments. The UR denial letter state the patient has undergone 27 postop physical therapy sessions. The treating physician is requesting an addition 8 sessions; however, there is no current functional status described to consider additional therapy. Additional therapy can be considered with functional improvement but in this case, the treating physician requests additional therapy without discussing how the patient is doing. It is not known what additional therapy will accomplish at this juncture and why a home exercise would not be adequate. Therefore, the request is not medically necessary.