

<b>Case Number:</b>	CM14-0073419		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	08/05/2011
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 and Rehabilitation and is licensed to practice in Illinois. 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 60-year-old female who reported an injury on 08/05/2011. The mechanism of injury was not provided. On 06/24/2014, the injured worker presented with cervical spine, bilateral upper extremity, right wrist, and right hand pain. Upon examination of the cervical spine there was decreased range of motion with tenderness to the paraspinals bilaterally, a positive Spurling's test, and decreased sensation 4/5 to the right at C5, C6, C7, and C8. Diagnoses were cervical spine sprain/strain, chronic right shoulder rotator cuff tendinitis and labral tear with impingement syndrome, and status post right shoulder operative arthroscopy and decompression. Prior treatment included surgery, medications, and physical therapy. The provider recommended 12 additional physical therapy visits for the right shoulder. The provider's rationale was not provided. The request for authorization form was dated 06/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) additional physical therapy visits for the right shoulder, 2 times a week for 6 weeks:** 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 California MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The Guidelines allow for up to 10 visits of physical therapy. The amount of physical therapy visits that have already been completed and the efficacy of that prior therapy were not provided. The provider's request for 12 additional physical therapy visits exceeds the recommendation of the Guidelines. Additionally, injured workers are instructed and expected to continue active therapies at home, there is no significant barrier to transitioning the injured worker to an independent home exercise program. Therefore, the request for 12 additional physical therapy visits for the right shoulder, 2 times a week for 6 weeks, is non-certified.