

<b>Case Number:</b>	CM14-0076238		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/05/2008
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/24/2014

### 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 Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a right shoulder work injury occurring on 12/05/08 after slipping and falling while pushing a cart. Treatments have included injections, acupuncture, and there is reference to 60 physical therapy sessions between 2010 and 2013. He underwent rotator cuff surgery in January 2010 and September 2011. He underwent a third surgery on 06/20/13. After the third surgery the claimant received up to 10 postoperative physical therapy visits. He was seen by the requesting provider on 01/22/14. He was having right shoulder pain and was wearing a shoulder sling. On 02/07/14 physical activity and cold weather were increasing his pain and discomfort. There was decreased shoulder range of motion and strength. On 03/12/14 his condition appears unchanged. Norco and Tramadol were prescribed. There was consideration of a functional restoration program. On 05/14/14 he reported an increase in right shoulder pain. He had decreased activity. Medications were Norco 10/325 mg two tablets every 4-6 hours as needed. Physical examination findings were limited to vital signs. The note states that the patient indicated he needed to leave and left early despite complaints of increasing pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical therapy sessions for the right shoulder 2x6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17. Decision based on Non-MTUS Citation Official Disability Guidelines 2013, Shoulder; and ODG, Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, page(s) 98-99 Page(s): 98-99. Decision based on Non-MTUS Citation  $\frac{3}{4}$  Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Shoulder (Acute & Chronic), Physical therapy.

**Decision rationale:** The claimant is being treated for chronic right shoulder pain. He has undergone more than one surgical procedure and treatments have included numerous courses of physical therapy. The claimant's prior treatments would have included a home exercise program and patients are expected to continue active therapies at home in order to maintain improvement levels. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of a home pulley system for stretching and strengthening. Frequent stretching more than once per day would be important in this case as the claimant is noted to be using a shoulder sling more than 6 months after his last surgery. Providing skilled physical therapy services again would promote dependence on therapy-provided treatments and does not reflect a fading of treatment frequency. Finally, if further physical therapy were indicated, a formal six visit clinical trial with reassessment prior to continuing treatment would be expected. The number of visits requested, therefore is also in excess of the applicable guidelines. Therefore the request is not medically necessary.