

<b>Case Number:</b>	CM14-0097222		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	03/23/2010
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Maryland. 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:

This is a male patient with the date of injury of March 23, 2010. A Utilization Review dated June 5, 2014 recommended non-certification of physical therapy 2xwk x6wks, left shoulder. A Progress Report dated May 7, 2014 identifies Subjective Complaints of bilateral shoulder pain that is 5/10. He has been attending physical therapy for bilateral shoulders and has completed 12 sessions so far. Objective Findings identify limited range of motion of the left shoulder. Neer's impingement and Hawkins impingement were positive. Diagnoses identify left shoulder partial rotator cuff tear and left shoulder subacromial impingement and rotator cuff syndrome. Treatment Plan identifies request authorization for physical therapy two times a week for six weeks to the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two times per week for 6 weeks, 12 visits to left shoulder.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy

**Decision rationale:** Regarding the request for physical therapy two times per week for 6 weeks, 12 visits to left shoulder, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends up to 10 visits. Within the documentation available for review, there is documentation of completion of 12 PT sessions, which exceeds guidelines. In addition, there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested physical therapy two times per week for 6 weeks, 12 visits to left shoulder is not medically necessary.