

<b>Case Number:</b>	CM13-0048815		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/18/2006
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 57 year old female, who sustained an industrial injury on 1/18/06. The injured worker was seen on 9/24/13 for an orthopedic evaluation. She has complaints of pain and limitations with internal rotation in regard to her right shoulder following a right shoulder arthroscopy with arthroscopic rotator cuff repair 10/4/12. She has pain, weakness, loss of motion, functional deficits and limitation in internal rotation with stiffness to her right shoulder. She was totally and temporarily disabled. The diagnoses have included industrial injury to the right shoulder and status post right shoulder arthroscopy with arthroscopic rotator cuff repair. According to the utilization review performed on 10/11/13, the requested physical therapy two (2) times a week for six (6) weeks for the right shoulder has been non-certified. ACOEM guidelines; CA MTUS Postsurgical Treatment Guidelines and Official Disability Guidelines Therapy Guidelines were used in the utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy x8 for the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG Physical therapy guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy times 8 right shoulder is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses are industrial injury right shoulder January 18, 2006; status post right shoulder arthroscopy with rotator cuff repair on October 4, 2012. A progress note dated April 22, 2013 reflects the injured worker received 42 physical therapy sessions to date. A request for authorization dated October 2, 2013 was submitted for additional physical therapy. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. The medical record does not contain compelling/exceptional clinical facts to warrant additional physical therapy. Consequently, absent compelling clinical documentation with an indication for additional physical therapy (8 visits) having had at least 42 sessions to date, physical therapy times 8 to the right shoulder is not medically necessary.