

<b>Case Number:</b>	CM14-0203436		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	06/16/2014
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Rehabilitation, has a subspecialty in Pain Medicine 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:

This 59 year old female sustained a work related injury on 6/16/2014. The mechanism of injury was reported to be injury from falling off a stepladder, landing on her right shoulder. The current diagnosis is partial rotator cuff tear. According to the progress report dated 11/12/2014, the injured workers chief complaints were sharp pain in right shoulder. She reports limited range of motion with marked weakness. The physical examination of the right shoulder revealed plus 3 impingement, plus 3 pain with range of motion, and 4/5 strength of the rotator cuff. The medication list was not specified in the progress report. The patient's diagnosis is right rotator cuff tear. On this date, the treating physician prescribed 12 physical therapy sessions to the right shoulder, which is now under review. The injured worker was previously treated with medications and physical therapy. On September 16, 2014, an MRI scan showed evidence of an interstitial tear of the supraspinatus tendon. When physical therapy was prescribed work status was regular. Provided notes indicate that the patient underwent at least 23 sessions of physical therapy thus far. On 11/20/2014, Utilization Review had non-certified a prescription for 12 physical therapy sessions to the right shoulder. The physical therapy was non-certified based on non-sufficient documentation. It is unknown how many sessions of physical therapy the injured worker had or if there has been progression to self-directed home exercises or resolution of functional deficits. The California MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, 2 Times Weekly For 6 Weeks, Right Shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG, Physical Therapy 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 additional physical therapy, 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. Within the documentation available for review, there is documentation of completion of prior PT sessions, but 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. Furthermore, in addition to the number of therapy sessions already provided, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.