

<b>Case Number:</b>	CM14-0204234		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	09/19/2012
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	11/11/2014
<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 Internal 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:

The injured worker (IW) is a 48-year-old man with a date of injury of September 19, 2012. The mechanism of injury was not documented in the medical record. The injured worker's working diagnosis is post scope right shoulder, subacromial decompression and rotator cuff repair on October 14, 2013. Prior treatments have included x-rays, MRI, surgery, medications, and physical therapy. Pursuant to the progress note dated October 28, 2014, the IW reports that he has a lot of improvement with physical therapy. The IW complains of tightness and achiness in the under arm area of the shoulder, and neck. Objectively, impingement tests are negative. Belly press test is negative. Speed's test is negative. Motor and sensory function is intact distally. Palpation does not produce tenderness. The documentation indicates the IW was receiving physical therapy at Team Physical Therapy. There is no documentation indicating how many physical therapy sessions were authorized and rendered to date. There were no physical therapy notes, and no documentation of objective functional improvement associated with prior physical therapy. The current request is for continued physical therapy two times weekly for six weeks to the right shoulder per November 4, 2014 request for authorization form.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue Physical Therapy 2 times weekly for 6 weeks Right Shoulder per 11/04/2014 form: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. 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, continued physical therapy two times weekly for six weeks right shoulder per November 4, 2014 request for authorization form. Patients should be formally assessed after a six visit clinical trial to see if the patient was moving in a positive direction, no direction or negative direction (prior to continuing with fiscal third). The Official Disability Guidelines enumerated specific frequency and duration according to injury sustained. In this case, the injured worker underwent a right shoulder arthroscopy October 14, 2013. The documentation indicates the injured worker was receiving physical therapy at Team Physical Therapy. There are two progress notes in the medical record one from October 28, 2014 and one from August 19, 2014. There is no documentation indicating how many physical therapy sessions were authorized and rendered to date, no documentation from physical therapy, and no documentation of objective functional improvement. Additional physical therapy is based upon clinical documentation and whether or not the injured worker has received functional improvement of an objective nature associated with PT. There is no documentation to support ongoing physical therapy. Consequently, absent clinical indication/rationale to support ongoing physical therapy and physical therapy documentation indicating objective functional improvement, continued physical therapy two times weekly for six weeks to the right shoulder per November 4, 2014 request for authorization form is not medically necessary.