

<b>Case Number:</b>	CM15-0002441		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	03/14/2013
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 60 year old female, who sustained an industrial injury on March 14, 2013. She has reported pain in the right shoulder and neck with associated migraines and was diagnosed with brachial neuritis and radiculitis. Treatment to date has included diagnostic studies, radiographic imaging, physical therapy, modalities and pain medications. Currently, the IW complains of right shoulder pain, neck pain and occasional migraines. The IW reported pain in the right shoulder with neck pain and associated migraine headaches. Evaluation on July 23, 2014 revealed improved pain with a continued decreased range of motion in the right shoulder. On August 12, 2014, evaluation revealed clean, dry and intact surgical incisions. She was status post diagnostic right shoulder arthroscopy, biceps tendinosis, labral debridement, arthroscopic subscapularis, tendon repair, subacromial decompression and a distal clavicle excision. Magnetic resonance imaging revealed no noted fractures, dislocations, masses or arthritic changes. Physical therapy was ordered. Physical therapy noted revealed periods of improvement in pain and other times the IW reported flare ups and continued pain and soreness. On December 29, 2014, Utilization Review non-certified a request for 12 physical therapy sessions for the right shoulder, noting the MTUS, ACOEM Guidelines were cited. On January 5, 2015, the injured worker submitted an application for IMR for review of a request for 12 physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NON-CERTIFY: 12 PHYSICAL THERAPY SESSIONS FOR THE RIGHT SHOULDER (2X6): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

**Decision rationale:** According to the 12/17/2014 report, this patient presents with pain in the neck and shoulder with sleep disturbance. The patient is 4 month status post right shoulder arthroscopy, biceps tendinosis, labral debridement, arthroscopic subscapularis, tendon repair, subacromial decompression and a distal clavicle excision. The current request is for non-certify: 12 physical therapy sessions for the right shoulder (2x6). The patient's work status is "temporarily totally disabled." Regarding post-op shoulder arthroscopy therapy treatments, MTUS guidelines recommend 24 visits over 14 weeks with time frame for treatment of 6 months. In reviewing of the provided reports, the patient had completed 20 sessions of physical therapy from 09/22/2014 to 12/15/2014 with improvement, current pain is a 3/10. However, UR allured that the patient has attended 28 post-operative sessions; time frame of completed sessions is unknown. The requested 12 additional sessions of post-op therapy exceeds the MTUS recommendation of 24 visits. There is no rationale provided to indicate why the patient has not been transitioned to a home exercise program and there is no report of a new injury, new surgery or new diagnosis that could substantiate the current request. The current request IS NOT medically necessary.