

<b>Case Number:</b>	CM15-0138339		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	05/20/2014
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 64 year old female who sustained an industrial injury on 03-20-14. Initial complaints and diagnoses are not available. Treatments to date include medications, physical therapy, and left shoulder surgery on 01-08-15. Diagnostic studies are not addressed. Current complaints include left shoulder pain, stiffness, and swelling. Current diagnoses include status post left shoulder surgery. In a progress note dated 04-01-15 the treating provider reports the plan of care as Tylenol and physical therapy. The requested treatment is a request for additional physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy to the left shoulder and arm 2 times a week for 4 weeks:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48, Postsurgical Treatment Guidelines.

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

**Decision rationale:** The claimant sustained a work-related injury in March 2014 and underwent a left shoulder arthroscopic rotator cuff repair and decompression with labral debridement in January 2015. Case notes reference 20 physical therapy sessions. When seen, there was mildly decreased shoulder range of motion and strength. She was no longer improving with physical therapy. She had moderate pain and mild stiffness. Guidelines recommend up to 24 physical therapy treatments over 14 weeks after the surgery that was performed with a post-surgical treatment period of 6 months. In this case, the claimant has already had physical therapy. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight and could include use of TheraBands and a home pulley system for strengthening and range of motion which would be expected to effectively treat the claimant's residual impairments. Providing the number of additional skilled physical therapy treatments is in excess of that recommended or what might be expected to finalize the claimant's home exercise program. It would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The request is not medically necessary.