

<b>Case Number:</b>	CM15-0144174		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	01/14/2014
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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, Hawaii  
 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 31-year-old male who sustained an industrial injury on 01-14-2014. Diagnoses include status post right shoulder surgery with pain. Treatment to date has included medications, right shoulder surgery, physical therapy (PT), activity modification, cortisone injection and home exercise. According to the progress notes dated 7-8-2015, the IW reported continued right shoulder pain, worse than in the past, and mainly located anteriorly. He was unable to sleep. The cortisone injection given in May was not beneficial. On examination, the right shoulder demonstrated full range of motion with pain on extremes of motion. Rotator cuff strength was 4 out of 5 with positive tendon signs. The provider recommended continued self-directed home therapy in addition to further supervised therapy. PT notes dated 5-1-2015 stated the IW had achieved 75% improvement since beginning therapy on 12-10-2014, with mild intermittent pain. Active range of motion was now within normal limits in all planes. It was also reported he had missed 11 scheduled sessions and rarely had attended PT twice weekly as prescribed. MRI of the right shoulder on 5-19-2015 showed status post decompression, supraspinatus tendinosis or tendinopathy and mild tendinosis or tendinopathy of the subscapularis. A request was made for physical therapy once a week for six weeks to focus on work hardening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 1 time a week for 6 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The patient presents with continued right shoulder pain, worse than in the past, and pain located anteriorly. The current request is for 6 sessions of physical therapy. Patient is post right shoulder acromioplasty, 12/2/14. Patient was previously approved and completed 24 post-operative physical therapy sessions. The treating physician states on 7/8/15 (185B), "We will have him attend formal therapy once a week for the next six weeks focusing on a work hardening program". The current request is outside of the MTUS post-op physical therapy guidelines and the MTUS physical medicine guidelines are appropriate in this case. MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. The clinical records reviewed do not provide any compelling reason to perform additional PT or documentation as to why a home exercise program has not been established. There is no information in the reports presented to indicate that the patient has suffered a new injury and no new diagnosis is given to substantiate a need for additional physical therapy beyond the MTUS guideline recommendation. The current request is not medically necessary.