

<b>Case Number:</b>	CM15-0145964		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	12/20/1997
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 12-20-1997. The mechanism of injury is unknown. The injured worker was diagnosed as having left shoulder rotator cuff tear and complex regional pain syndrome. Left shoulder magnetic resonance imaging showed full thickness tear in the distal anterior supraspinatus tendon adjacent to the rotator cuff interval. Treatment to date has included therapy and medication management. In a progress note dated 6-25-2015, the injured worker complains of left shoulder pain and decreased range of motion. Physical examination showed positive rotator cuff tear. The treating physician is requesting 8 physical therapy sessions of the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Physical Therapy sessions for the left shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical Therapy.

**Decision rationale:** The case involves a chronic work related injury resulting in shoulder symptoms for which the patient has already completed at least 16 sessions of physical therapy. The provided records do not clearly indicate evidence of objective functional improvement after prior sessions of physical therapy. The MTUS does not specifically recommend physical therapy for chronic shoulder injuries, but in general, recommends a trial of visits with total visits limited by close observation for evidence of functional improvement. The ODG shoulder chapter recommends physical therapy for unspecified shoulder arthropathy with a total of 9 visits over 8 weeks. Overall, the guidelines do not recommend additional visits of physical therapy in this case, and at this time, the request for additional visits is not medically necessary, as it is unlikely to facilitate marked clinical improvement over alternative means to include home exercise program.