

<b>Case Number:</b>	CM15-0147794		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	04/24/2013
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: Maryland

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

This 64 year old man sustained an industrial injury on 4-24-2013. The mechanism of injury is not detailed. Diagnoses include cervical spine sprain-strain with multilevel disc disease, cervicogenic headaches, lumbar spine sprain-strain with bilateral lower extremity radiculitis and right shoulder acromioclavicular rotator cuff tear with repair. Treatment has included oral medications, physical therapy, and lumbar epidural steroid injection. Physician notes on a PR-2 dated 6-29-2015 show complaints of cervical spine pain rated 3-7 out of 10 with increased headaches. Lumbar spine pain rated 7+ out of 10, and right shoulder pain rated 5-6 out of 10. Recommendations include additional physical therapy, urine drug screen, cervical support pillow, orthopedic consultation, and follow up in three to four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Additional Physical Therapy sessions for the right shoulder 2 times a week for 6 weeks:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** 12 Additional Physical Therapy sessions for the right shoulder 2 times a week for 6 weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 24 visits for this patient's surgery. The documentation indicates that the patient has had extensive prior postoperative PT. The patient should be well versed in a home exercise program. The request for 12 more sessions of right shoulder PT would exceed the MTUS recommendations of 24 visits for this program. At this point, the patient should be transitioning to an independent home program. There are no extenuating factors which would necessitate 12 more supervised therapy visits. Therefore, this request is not medically necessary.