

<b>Case Number:</b>	CM15-0148506		
<b>Date Assigned:</b>	08/25/2015	<b>Date of Injury:</b>	02/19/2013
<b>Decision Date:</b>	09/28/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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 is a 48 year old female worker who sustained an industrial injury on February 19, 2013. A neurological re-evaluation dated December 10, 2014 reported present subjective complaint of intermittent headaches with occasional vomiting, decreased concentration, depression and intermittent dizziness. She is diagnosed with the following: status post head injury, scalp laceration and concussion; post traumatic head syndrome, and orthopedic issues deferred. Neurologically she remains permanent and stationary. The plan of care is with recommendation for Topamax 25mg BID treating headaches and follow up in 6 weeks. On December 18, 2014 she underwent a magnetic resonance imaging study of the lumbar spine that revealed: L5-S1 with paracentral disc bulge, mild ligamentum flavum and facet hypertrophy causing moderate foraminal narrowing, left and mild narrowing, right with indentation on the L5 and s1 nerve roots, left; L4-5 with left paracentral disc bulge and mild ligamentum flavum with facet hypertrophy causing mild narrowing slightly greater on the left side. Documentation showed on April 16, 2015 she underwent right shoulder arthroscopy, partial synovectomy, debridement of labrum, and rotator cuff repair. A primary treating office visit dated April 24, 2015 reported the worker with subjective complaint of right shoulder pain and headache. The following diagnoses were applied: rotator cuff rupture; superior glenoid labrum lesion, and shoulder arthritis. There is note of sutures being removed and steri-strips applied. Topamax noted prescribed along with a course of post-operative physical therapy session.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 4 weeks to right shoulder:** Upheld

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

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

**Decision rationale:** The patient presents with pain affecting the head and right shoulder. The current request is for Physical therapy 2 times a week for 4 weeks to right shoulder. The requesting treating physician report dated 7/22/15 (3B) is only partially legible. The MTUS-PSTG guidelines provide a maximum of 24 visits over 10 weeks for arthroplasty of the shoulder. The medical reports provided show the patient has received at least 20 sessions of post-op physical therapy previously and she is status post arthroscopic surgery on 4/16/15. In this case, the patient has received 20 visits of physical therapy to date and therefore the current request of an additional 8 visits exceeds the recommendation of 24 visits as outlined by the MTUS PSTG. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.