

<b>Case Number:</b>	CM15-0148593		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	09/10/2012
<b>Decision Date:</b>	09/08/2015	<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: 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 is a 45 year old female with a September 10, 2012 date of injury. A progress note dated June 22, 2015 documents subjective complaints (three months since surgery; overall, doing well), objective findings (forward elevation is to 170 degrees, external rotation is to 50 degrees; tenderness over the superior aspect of the left shoulder and tightness over the scapula), and current diagnoses (status post left shoulder rotator cuff repair and distal clavicle excision; shoulder girdle muscle spasm). Treatments to date have included left shoulder surgery on March 27, 2015, physical therapy, imaging studies, injections, and medications. The treating physician documented a plan of care that included twelve sessions of physical therapy and Voltaren 100mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy x12:** Upheld

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

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

**Decision rationale:** Physical Therapy x 12 is not medically necessary per the MTUS Guidelines. The MTUS Post Surgical Guidelines recommend up to 24 visits for this condition. The patient was authorized 24 visits per documentation and should transition to an independent home exercise program. There are no extenuating factors in the documentation which necessitate 12 more supervised therapy visits therefore this request is not medically necessary.

**Voltaren 100mg BID #60 dispensed 6/22/15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Diclofenac sodium (Voltaren, Voltaren-XR).

**Decision rationale:** Physical Therapy x 12 is not medically necessary per the MTUS Guidelines. The MTUS Post Surgical Guidelines recommend up to 24 visits for this condition. The patient was authorized 24 visits per documentation and should transition to an independent home exercise program. There are no extenuating factors in the documentation which necessitate 12 more supervised therapy visits therefore this request is not medically necessary.