

<b>Case Number:</b>	CM15-0149440		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	08/18/2014
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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

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

### 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 60-year-old male who sustained an industrial injury on 08-18-2014. Diagnoses include right rotator cuff tear; arthritis of the right shoulder; history of arthroscopic surgery; and aftercare for musculoskeletal system surgery. Treatment to date has included medications, shoulder surgery and physical therapy. According to the progress notes dated 7-9-2015, the IW reported pain in the right shoulder rated 3 to 6 out of 10. He felt he may have had "withdrawal from Norco" since his last visit, although he had access to Norco, taking it from two to five times daily. He also reported restless leg feeling and was referred to his primary care physician. He was also advised to work on the stiffness in the right shoulder. On examination, there was tenderness of the right anterior shoulder, limited range of motion and decreased motor strength, 4 out of 5. No sensory deficits were noted. The Treatment Notes dated 7-17-2015 showed the IW had moderate pain, 3 to 5 out of 10, with movement; moderate difficulty sleeping; pain during initial ranges of reaching overhead; and severe difficulty lifting, able to lift less than five pounds. Range of motion was moderately to severely impaired and there was severe muscle weakness, 2 out of 5. A request was made for physical therapy twice a week for 12 weeks to meet functional goals and return the IW to his prior level of function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x week x 12 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 Page(s): 98-99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Physical Medicine.

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.