

<b>Case Number:</b>	CM15-0160735		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	11/04/2010
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: Massachusetts

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 is a 55 year old male, who sustained an industrial injury on November 4, 2010. The injured worker reported right shoulder injury. The injured worker was diagnosed as having pain in joint shoulder region. Treatment to date has included surgery, medication and physical therapy. A progress note dated July 1, 2015 provides the injured worker complains of left shoulder pain slowly improving after rotator cuff repair and therapy. Physical exam notes healed left shoulder surgical scar, decreased range of motion (ROM) and decreased strength. The plan includes additional physical therapy, ibuprofen and omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy 2xWk x 4Wks for the left shoulder, QTY: 8:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 27.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder, Rotator cuff syndrome/Impingement syndrome, arthroscopic Page(s): 27.

**Decision rationale:** The claimant sustained a work injury in November 2010 and underwent a left shoulder subacromial decompression with rotator cuff repair in February 2015. When seen, he was slowly improving with physical therapy. He was having ongoing pain with heavy lifting, reaching, and pushing. Physical examination findings included decreased left shoulder range of motion. There was decreased left shoulder strength. Authorization for additional physical therapy was requested and medications were prescribed. Work restrictions were continued. On 04/22/15 he had completed six post-operative physical therapy treatments and another six treatments were requested. After the surgery performed, guidelines recommend up to 24 visits over 14 weeks with a physical medicine treatment period of 6 months. Guidelines recommend an initial course of therapy of one half of this number of visits and a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the information provided indicates that the claimant had received 12 physical therapy treatment sessions following the left shoulder surgery performed in 2015. The number of requested additional treatments remains within the guideline recommendation. The claimant has ongoing decreased left shoulder range of motion and strength and has not returned to unrestricted work. The request is medically necessary.