

<b>Case Number:</b>	CM15-0162582		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	07/20/2014
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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:

This is a 52-year-old female who sustained an industrial injury on 07-20-2014. Diagnoses include sprain or strain of the shoulder, rotator cuff; and pain in joint - shoulder. Treatment to date has included medications, physical therapy, and arthroscopic right shoulder surgery and activity modification. According to the progress report dated 7-8-2015, the IW (injured worker) reported pain and weakness in the right shoulder rated 3 out of 10. On examination, she complained of whole arm tenderness with limited range of motion. X-rays of the right shoulder and right humerus showed no increase in osteoarthritis. A request was made for physical therapy three times a week for four weeks for the right shoulder to improve flexibility, increase strength and alleviate symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy 3 x 4 weeks for the Right Shoulder:** Overturned

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

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

**Decision rationale:** The claimant sustained a work-related injury in July 2014 and underwent right shoulder arthroscopic surgery in February 2015 with a rotator cuff repair and decompression and lysis of adhesions with manipulation under anesthesia. Initial post-operative therapy was requested at the post-operative visit on 04/15/15. When seen, pain was rated at 3/10. There was tenderness throughout the arm and decreased range of motion. An additional 12 physical therapy 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 claimant has ongoing impairment with decreased range of motion. The number of additional treatments being requested is within accepted guidelines and is medically necessary.