

<b>Case Number:</b>	CM15-0168098		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	06/25/2013
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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 56 year old female who sustained an industrial injury on June 25, 2013. A physical therapy session dated June 26, 2015 reported subjective complaint of "declaration pain when coming from an up position down." She is instructed to "continue with her exercise, which seems to be doing well." Her "flexibility is great, but she is still having some pain." A therapy visit dated August 05, 2015 reported subjective complaint of "anterior shoulder, elbow forearm, wrist tightness." She states, "she continues to get pain bringing her arm back down from overhead, but the pain has transitioned from constant to intermittent." She is taking Norco daily, but the Daypro upsets her stomach. Objective assessment noted active passive range of motion of the right shoulder: 170 degrees painful return 170 degrees of flexion; 160 degrees painful return to 170 degrees of abduction. The plan of care is with recommendation to continue with therapy for strengthening at decreased frequency. An orthopedic consultation dated February 23, 2015 reported present subjective complaint of: "continued pain with pushing, pulling, reaching and lifting at shoulder level and above. The assessment found the worker with: right rotator cuff syndrome with high grade to full thickness small supraspinatus tear, symptomatic; impingement syndrome with acromioclavicular joint arthrosis, and probable degenerative SLAP lesion. The plan of care is for surgery and post-operative therapy. On August 05, 2015, a request was made for additional physical therapy session treating the right shoulder that was noted denied due to having had 28 sessions with authorization, which exceeds the guidelines recommendation. In addition, documentation requirements were insufficient regarding, pain functional improvement, which is required.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 1 time a week for 6 weeks for the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

**Decision rationale:** The claimant sustained a work injury in June 2013 when she was struck in the right shoulder and hand by a falling metal ladder. She underwent a right rotator cuff repair on 03/31/15. As of 05/26/15, there had been completion of 9 post-operative therapy sessions with improved range of motion and decreased strength. When seen in June 2015, she had made some gains. She was having pain when lowering her arm. Physical examination findings included nearly full range of motion and minimal pain with resisted movements. Additional physical therapy was requested. As of 08/04/15, a second course of physical therapy was being provided and 27 treatments had been completed including instruction in a home exercise program. After surgery is performed, guidelines recommend up to 24 visits over 14 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for strengthening and range of motion. In May 2015, the claimant was performing a home exercise program and in June 2015, there was minimal residual impairment. The number of additional visits requested is in excess of what might be needed to finalize the claimant's home exercise program. The request is not medically necessary.