

<b>Case Number:</b>	CM15-0169198		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	11/02/2014
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 32 year old male, who sustained an industrial injury on 11-02-2014. He has reported injury to the right shoulder. The diagnoses have included post-traumatic right shoulder sprain, due to impingement and-or entrapment of the suprapinatus tendon; and status post right shoulder arthroscopy, on 05-11-2015. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Naprosyn and Norco. A progress report from the treating physician, dated 05-20-2015, documented a follow-up visit with the injured worker. The injured worker reported normal recovery, status post right shoulder arthroscopy, on 05-11-2015. Objective findings included no infection; minor swelling which is normal; some stiffness; and needs to start therapy. The physical therapy note, dated 05-21-2015, documented the second visit for the injured worker. On this date, the injured worker reported the same amount of pain, but shoulder feels looser; and functional limitations with right upper extremity activities. The assessment included great increase in passive range of motion, and good rehab potential. The treatment plan has included the request for post-operative physical therapy, two times a week over eight weeks quantity: 16. The original utilization review, dated 08-19-2015, non-certified the request for post-operative physical therapy, two times a week over eight weeks, quantity: 16, due to not progressing in strengthening with physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Operative Physical Therapy, two times a week over eight weeks QTY: 16: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Post-operative Physical Therapy, two times a week over eight weeks is not medically necessary. Physical therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified (ICD-9 729.2) 8-10 visits over 4 weeks is recommended. The claimant's medical records indicated that he had prior physical therapy visits without documented benefit. Additionally, there is lack of documentation that the claimant participated in active self-directed home physical medicine to maximize his benefit with physical therapy; therefore, the requested service is not medically necessary.