

<b>Case Number:</b>	CM15-0181643		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	04/11/2013
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### 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 48 year old male who sustained an industrial injury on 04-11-2013. Current diagnoses include status post right shoulder arthroscopic debridement of partial thickness rotator cuff tear, stable post right shoulder anterior and posterior capsulorrhaphy, and status post right shoulder chondroplasty. Report dated 08-06-2015 noted that the injured worker presented with complaints that included back, right shoulder, and right hip pain. Pain level was not included. Physical examination performed on 08-06-2015 revealed the injured worker to be using a right wrist and right arm sling. Previous treatments included medications, surgical intervention, cortisone injection, and physical therapy. The treatment plan included continuing with Norco, Flexeril, and Flurbiprofen, and random urine drug screen. The injured worker is temporarily totally disabled. The injured worker has previously been authorized for 48 post-operative physical therapy sessions. The utilization review dated 08-09-2015, non-certified the request for physical therapy for the right shoulder, 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for right shoulder Qty: 6: 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:** Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for additional physical therapy visits in this individual with chronic pain. The request is not medically necessary.