

<b>Case Number:</b>	CM15-0181806		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	07/05/2014
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/13/2015
<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: 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 53-year-old female, who sustained an industrial injury on July 5, 2014, incurring right shoulder and neck injuries. She was diagnosed with right shoulder labrum tear and cervical spine sprain. She underwent a right shoulder rotator cuff repair and capsule repair on December 5, 2014. Treatment included pain medications, sleep aides, physical therapy and home exercise program, topical analgesic cream, and activity restrictions. Currently, the injured worker complained of persistent right shoulder, right elbow and neck pain. She rated her pain 6 out of 10 on a pain scale of 1 to 10, improved with physical therapy and elbow pain 8 out of 10 relieved with rest and medications. Her pain was made worse with weather and activities and repetitive motions. She noted limited range of motion of her neck and right shoulder. A cervical Magnetic Resonance Imaging performed on April 6, 2015, revealed disc protrusion resulting in moderate central stenosis and right foraminal stenosis. The treatment plan that was requested for authorization on September 15, 2015, included eight visits of physical therapy for the right shoulder and arm. On August 13, 2015, a request for eight visits of physical therapy for the right shoulder and arm was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the right shoulder/arm, 8 visits: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) - Forearm, Wrist, & Hand (Acute & Chronic); ODG-TWC - Shoulder (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in July 2014 while working as a housekeeper and continues to be treated for neck and right shoulder pain. She underwent and arthroscopic right rotator cuff decompression and repair, labral repair, and synovectomy in December 2014. When seen, she was having persistent neck and right shoulder pain. Physical examination findings included decreased cervical spine range of motion with tenderness. There was positive right testing. She had increased right trapezius muscle tone. There was decreased right upper extremity strength. There had been slight improvement in shoulder range of motion since the previous visit. Authorization for an additional eight therapy treatment sessions for transition to a home exercise program was requested. As of 07/06/15 she had completed 12 recent therapy sessions. After the surgery 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 and the physical medicine treatment period has been exceeded. The claimant is being treated for chronic pain with no new injury and has recently had physical therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program as is being requested. The request is not medically necessary.