

<b>Case Number:</b>	CM15-0189308		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	08/28/2014
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 60 year old female who sustained an industrial injury on 08/28/2014. Medical records indicated the worker had right shoulder arthroscopy with rotator cuff repair and biceps tenodesis on 01-13-2015. She had physical therapy with certification for an additional 12 sessions in 03-12- 2015. Another 12 sessions were requested 05-20-2015 with one additional session approved. In the provider notes of 08-07-2015, the worker is seen in orthopedic consultation with complaint of neck pain. She relates that the surgery has helped her, but she has not made full recovery. On examination, of the right shoulder, abduction and forward flexion are possible to 150 degrees, limited by pain. She is weak in the internal and external rotation of the shoulder. Her x-rays of the cervical spine show widespread degenerative disc disease. X-rays of the right shoulder and humerus have a normal appearance. Further physical therapy is recommended for strengthening. A request for authorization was submitted for Physical Therapy for the right shoulder, three times a week for four weeks. A utilization review decision 09/02/2015 modified the request to approve five visits of physical therapy.

### 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, three times a week for four weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care.

**Decision rationale:** Guidelines state that physical therapy is recommended for short-term relief during the early phase of pain treatment. Patients are expected to continue active therapy at home in order to maintain improvement levels. Guidelines recommend 5 visits for shoulder injury. The request for 12 physical therapy sessions would exceed recommendations. The request for 12 physical therapy sessions to the right shoulder is not medically necessary and appropriate.