

<b>Case Number:</b>	CM15-0190240		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	06/16/2015
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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 58 year old male, who sustained an industrial-work injury on 6-16-15. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder strain, right shoulder impingement and full thickness rotator cuff tear with stiffness of the shoulder. Treatment to date has included anti-inflammatories, muscle relaxants, physical therapy at least 12 sessions, diagnostics, orthopedic consult, off of work and other modalities. The physician indicates that the Magnetic resonance imaging (MRI) of the right shoulder was reviewed and reveals diffuse tendinitis with a small full thickness rotator cuff tear. Medical records dated (7-2-15 to 8-18-15) indicate that the injured worker complains of persistent right shoulder pain, stiffness and weakness with forward flexion. The pain is rated 3-8 out of 10 on the pain scale. Per the treating physician report dated 8-18-15 the injured worker has not returned to work. The physical exam dated 8-18-15 reveals right shoulder tenderness to palpation, restricted range of motion due to pain, and there is weakness with forward flexion. The physician indicates that a shoulder injection was recommended but the injured worker is apprehensive about it and will consider his options further. The requested service included Physical therapy evaluation for the right shoulder 3 times a week for 4 weeks (12 sessions). The original Utilization review dated 9-14-15 modified the request for Physical therapy evaluation for the right shoulder 3 times a week for 4 weeks (12 sessions) modified to Physical therapy 2 times a week for 2 weeks (4 sessions) for education, counseling and evaluation of home exercise.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy evaluation for the right shoulder 3 x 4 weeks (12 sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG, Shoulder chapter).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in June 2015 when he fell from a ladder injuring his right shoulder. He had physical therapy with completion of six treatments as of 07/17/15. He was seen by the requesting provider for an initial evaluation on 08/18/15. He had been diagnosed with a right shoulder strain and had been prescribed therapy and anti-inflammatory medication. He was continuing to have right shoulder pain. There was decreased and painful shoulder range of motion with weakness. Imaging results were reviewed with findings of a small thickness rotator cuff tear and diffuse tendinitis. A cortisone injection was offered. Authorization is being requested for 12 sessions of physical therapy. In terms of physical therapy for rotator cuff impingement syndrome, guidelines recommend up to 10 treatment sessions over 8 weeks. The claimant had already had physical therapy for this condition. 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 this case, the number of additional visits requested was in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. The request is not medically necessary.