

<b>Case Number:</b>	CM15-0194855		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	06/19/2013
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 42 year old female, who sustained an industrial-work injury on 6-19-13. She reported initial complaints of neck and left shoulder pain. The injured worker was diagnosed as having rotator cuff tendinitis, rule out rotator cuff tear. Treatment to date has included medication, left shoulder arthrography, and diagnostics. Currently, the injured worker complains of left shoulder pain and status post MRI (magnetic resonance imaging) arthrogram. Per the primary physician's progress report (PR-2) on 9-25-15, exam noted some weakness with restricted abduction and forward flexion, but her range of motion is improved significantly to about 160 degrees of elevation in abduction and forward flexion and 60 degrees of external rotation. The MRI does not show extraversion, with rotator cuff believing to be intact, possible thinning at right at the repair site but no evidence of incomplete healing or recurrent rotator cuff tear. Current plan of care includes resuming physical therapy. The Request for Authorization requested service to include Physical therapy QTY 8.00. The Utilization Review on 10-2-15 modified the request for Physical therapy QTY 4.00, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy QTY 8.00:** Upheld

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

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

**Decision rationale:** MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.