

<b>Case Number:</b>	CM15-0198678		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	01/05/2009
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: California, Indiana, New York  
 Certification(s)/Specialty: Internal 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 65 year old male, who sustained an industrial injury on January 5, 2009, incurring right shoulder injuries. He was diagnosed with rotator cuff tear, shoulder impingement syndrome and tendonitis. Treatment included physical therapy, rest, ice, anti-inflammatory drugs, topical analgesic creams, muscle relaxants and activity modification. He underwent multiple right shoulder surgeries. Currently, the injured worker complained of persistent right shoulder pain, weakness and decreased range of motion. He was unable to sleep on the side of the affected shoulder due to the pain. He noted to have more pain in the shoulder when he stopped physical therapy. Upon examination, the injured worker had tenderness over the AC joint, and biceps tendon. The chronic shoulder pain interfered with the injured worker's activities of daily living including self-care, dressing, grooming and household chores. The treatment plan that was requested for authorization included six physical therapy sessions of the right shoulder. On August 12, 2015, a request for six physical therapy sessions was modified to four visits of physical therapy to the right shoulder by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 physical therapy sessions of the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, six physical therapy sessions to the right shoulder is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses our staff post right shoulder multiple prior rotator cuff surgeries with residuals; rule out recurrent rotator cuff tear; and shoulder impingement syndrome and tendinitis. Date of injury is January 5, 2009. Request for authorization is September 9, 2015. The utilization review indicates the injured worker was approved for 16 physical therapy sessions. According to a July 29, 2015 progress note, the injured worker had multiple right shoulder surgeries. Subjectively, there was ongoing right shoulder pain, weakness and decreased range of motion. The injured worker is progressing after six physical therapy sessions, but range of motion has decreased since stopping physical therapy. Objectively, there is tenderness over the right AC joint, biceps, supraspinatus and infraspinatus tendons. There is positive impingement. According to a September 3, 2015 progress note, range of motion is normal, pain is unchanged and strength is normal. There is no documentation demonstrating objective functional improvement from the 16 authorized physical therapy sessions. There are no compelling clinical facts indicating additional physical therapy is clinically warranted. The total number of physical therapy sessions (since 2009) is not specified. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement from the 16 authorized physical therapy sessions, and no compelling clinical fact indicating additional physical therapy is clinically warranted, six physical therapy sessions to the right shoulder is not medically necessary.