

<b>Case Number:</b>	CM15-0199150		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	01/17/2013
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/18/2015
<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

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 69-year-old female, who sustained cumulative industrial trauma injuries from 01-17-2012-01-17-2013. She has reported subsequent bilateral upper extremity and shoulder pain and was diagnosed with sprain of rotator cuff, shoulder impingement and bursitis, shoulder acromioclavicular joint arthritis and exostosis. Treatment to date has included pain medication, physical therapy and surgery. Physical therapy and surgery were noted to relieve pain. There was no documentation as to how many post-operative physical therapy visits were received. Documentation shows that the injured worker had a right shoulder ATS, SAD, DCR, RC repair bursectomy release of adhesions of the biceps on 04-17-2015. In a progress note dated 05-18-2015, the injured worker presented for post-operative follow up and indicated that the shoulder was doing well with pain rated as a 3 out of 10. The physician noted that the injured worker would start therapy the next day but that it was uncertain as to how much therapy per week would be received. Objective findings of the right shoulder showed ecchymosis around incisions, healed wounds and passive elevation to 100 degrees. In a progress note dated 07-20-2015, the injured worker reported that right shoulder and neck were doing better but that she did have pain in the afternoon in the neck and shoulder that at times caused headaches. Surgery was noted to help with pain. The injured worker was noted to be attending physical therapy and was doing pool therapy exercises and massage with about 2 or 4 more visits left. Objective examination findings revealed healed right shoulder wounds, active elevation and abduction of 150 degrees, external rotation of 90 degrees, and internal rotation of L3 Work status was documented as temporarily very disabled. The physician noted that physical therapy would be ordered 2 times a week for 6 weeks and that the injured worker needed more physical therapy

due to persistent restriction of range of motion and strength. A request for authorization of physical therapy 2x6 weeks for the right shoulder was submitted. As per the 09-18-2015 utilization review, the request for physical therapy was non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy 2x6 weeks for the right shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

**Decision rationale:** Review indicates the patient is s/p right shoulder arthroscopy on 4/1/7/15 and has completed at least 24 post-op PT visits. Post-surgical guidelines allow for up to 24 visits post arthroscopic rotator cuff repair over 14 weeks over a 6-month rehab period. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, nonspecific clinical findings, and work status, remaining TTD. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Physical therapy 2x6 weeks for the right shoulder is not medically necessary and appropriate.