

<b>Case Number:</b>	CM15-0202905		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	11/11/2014
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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, Hawaii

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 52 year old female with a date of injury on 11-11-2014. The injured worker is undergoing treatment for right shoulder capsulitis and right shoulder rotator cuff tear. A physician progress note dated 09-14-2015 documents the injured worker has complaints of right shoulder pain with loss of range of motion with guarding at end range. She has positive impingement sign and Drop arm test is negative. A physician note dated 09-17-2015 documents the injured worker complains of pain in the right shoulder with movement that is rated 5 out of 10. Her right wrist was injected. A physician progress note dated 09-23-2015 documents the injured worker has continued right shoulder pain. There is improved range of motion without swelling. There is still weakness present. She has pain with movement. A right shoulder manipulation and arthroscopy repair of the rotator cuff is requested, along with therapy. It is noted she had a reaction to the right wrist injection. She is not working. She is allergic to steroids. Treatment to date has included diagnostic studies, medications, wrist injection, acupuncture, at least 9 previous physical therapy visits, home exercise program, use of a Transcutaneous Electrical Nerve Stimulation unit and psyche visits. Current medications include Gabapentin, Escitalopram, Lidopro, Naproxen and Omeprazole. The Request for Authorization dated 09-21-2015 includes right shoulder manipulation and arthroscopy repair of the rotator cuff and 12 post-operative physical therapy visits. On 10-07-2015, Utilization Review modified the request for Physical therapy of the right shoulder 6 x wk x 2 weeks to physical therapy 2 times a week for 5 weeks.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy of the right shoulder 6 x wk x 2 wks:** 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:** The patient presents with pain affecting the right shoulder. The current request is for Physical therapy of the right shoulder 6 x wk x 2 wks. The treating physician report dated 10/16/15 (10B) states, "will discuss possible surgery." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided do not show the patient has received prior physical therapy for the right shoulder. The patient's status is not post-surgical. In this case, the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.