

<b>Case Number:</b>	CM15-0203053		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	04/03/2014
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/02/2015
<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 45 year old female, who sustained an industrial injury on 4-3-2014. The injured worker was being treated for status post left arthroscopic surgery of the left shoulder. Medical records (7-10-2015, 8-6-2015, and 9-10-2015) indicate ongoing left upper extremity pain. The physical exam (7-10-2015 and 8-6-2015) reveals no swelling and normal muscle tone of the left upper extremity, but did not include any other objective findings for the left upper extremity. The physical exam (9-10-2015) reveals limited left shoulder range of motion to 110 degrees of abduction and forward flexion, and positive Hawkins and Neer. Surgeries to date have included left shoulder arthroscopic rotator cuff and superior labral tear from anterior to posterior repair on 1-27-2015. Treatment has included at least 5 sessions of postoperative physical therapy, a home exercise program, and medications including top creams, Gabapentin, Protonix, and Naproxen. Per the treating physician (9-10-2015 report), the injured worker is off for work for right upper extremity complaints. The requested treatments included 6 sessions of physical therapy for the left shoulder. On 10-2-2015, the original utilization review non-certified a request for 6 sessions of physical therapy for the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times a week for 3 weeks left shoulder:** Overturned

**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 records indicate the patient has ongoing left upper extremity pain. The current request for consideration is physical therapy 2 times a week for 3 weeks left shoulder. The attending physician report dated 9/10/15, recommends an additional 6 physical therapy visits, stating the patient has only had 5 postoperative shoulder physical therapy visits to date. The CA MTUS guidelines do recommend physical therapy for shoulder injuries at a decreasing frequency with a transition into independent home-based exercise. The CA MTUS guidelines allow for myalgia and myositis, unspecified: 9-10 visits over 8 weeks. In this case, the records indicate the patient has received 5 physical therapy sessions to date following her arthroscopic shoulder surgery. The current request for additional physical therapy is consistent with MTUS guidelines and therefore the request is medically necessary.