

<b>Case Number:</b>	CM15-0204548		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	07/21/2009
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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 58 year old male, who sustained an industrial injury on 7-21-2009. A review of the medical records indicates that the injured worker is undergoing treatment for right biceps tendon tear and right shoulder impingement. On 9-14-2015, the injured worker reported right shoulder pain rated 2-8 out of 10. The Primary Treating Physician's report dated 9-14-2015, noted the injured worker complained of clicking and popping pain worse in the morning. The injured worker's current medications were noted to include Voltaren. The physical examination was noted to show decreased range of motion (ROM), and decreased strength. The treatment plan was noted to include physical therapy and qualified medical evaluation. The injured worker's work status was noted to be to remain off work. The request for authorization dated 9- 14-2015, requested 24 physical therapy sessions for the right shoulder 3 times a week for 8 weeks. The Utilization Review (UR) dated 9-30-2015, non-certified the request for 24 physical therapy sessions for the right shoulder 3 times a week for 8 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**24 physical therapy sessions for the right shoulder 3 times a week for 8 weeks: 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:** Review indicates the patient s/p shoulder arthroscopy for impingement with continued symptom complaints for this 2009 injury. MRI of the shoulder dated 8/26/13, over two years ago noted post-surgical changes of prior decompression without rotator cuff pathology or tear. The provider's report of 9/14/15 noted ongoing shoulder complaints with plan for PT of 24 sessions as the patient remained off work. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the OT 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, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received prior significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments of 24 visits, beyond guidelines criteria. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic 2009 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The 24 physical therapy sessions for the right shoulder 3 times a week for 8 weeks is not medically necessary and appropriate.