

<b>Case Number:</b>	CM15-0208057		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	09/02/2014
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 47 year old male, who sustained an industrial injury on 9-2-14. The injured worker was diagnosed as having cervical spine sprain-strain; upper thoracic sprain-strain; bilateral shoulder sprain-strain internal derangement; bilateral forearm sprain-strain; psyche (stress); sleep disorder; left shoulder arthrofibrosis. Treatment to date has included status post left shoulder arthroscopic rotator cuff repair, biceps tenodesis, subacromial decompression with acromioplasty (11-14-14); status post left shoulder incision and drainage of a postoperative infection (1-2015); physical therapy; acupuncture; cortisone injections x2 to left shoulder; medications. Currently, the PR-2 notes dated 9-24-15 the provider documents the injured worker "returns now ten months status post left shoulder arthroscopy and rotator cuff repair with subsequent I&D of a postoperative infection. He is working with an independent home exercise program. Lack of strength is his main complaint. He has no fever or chills. There is no drainage from his incision sites." The provider continues documentation of a physical examination noting the left upper extremity reveals a well-healed surgical incision with no evidence of infection. Range of motion flexion to 150 degrees, external rotation 45 degrees; internal rotation to T12; rotator cuff strength is 4 out of 5 with regard to flexion, abduction and Jobe's abduction, and 5 out of 5 otherwise. Distal neurovascular examination is intact with symmetric pulses and posterior Neer's and Hawkins' signs are seen. The treatment plan indicates the injured worker has made some improvement in regard to range of motion but he recommends continuing physical therapy to regain terminal range of motion as well as strengthening. It is difficult to discern the correct amount of physical therapy visits, but may be 24 to 32 sessions since January 2015 due to a brief interruption due to the left shoulder postoperative infection. A Request for Authorization is dated 10-19-15. A Utilization Review letter is dated 10-7-15 and

non-certification for Physical therapy X 18. A request for authorization has been received for Physical therapy X 18.

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

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

#### **Physical therapy X 18: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The goal of physical therapy is graduation to home therapy after a certain amount of recommended sessions. The patient has already completed physical therapy. The request is in excess of these recommendations per the California MTUS. There is no objective reason why the patient would not be moved to home therapy after completing the recommended amount of supervised sessions in the provided clinical documentation. Therefore, the request is not medically necessary.