

<b>Case Number:</b>	CM15-0023529		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	11/06/2013
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### 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 62 year old female, who sustained an industrial injury on 11/6/2013. The diagnoses have included pain in joint, shoulder region and partial tear of rotator cuff. Treatment to date has included postoperative physical therapy and pain medication. Surgery included right rotator cuff repair on 11/14/2014. According to the progress report dated 12/2/2014, the injured worker complained of chronic pain in the right shoulder as well as the lower back extending down the right leg. The injured worker indicated that the pain was a six on a scale of ten. Physical exam revealed a right shoulder immobilizer. The injured worker had diffuse tenderness involving the shoulder. There was some decreased range of motion of the lumbar spine secondary to pain. Treatment plan was for Norco for postoperative pain. According to the postoperative visit dated 12/22/2014, the injured worker reported doing better. She was still experiencing pain. She was attending physical therapy. The physician plan was for intensive physical therapy, three times a week for six weeks. On 1/21/2015, Utilization Review (UR) modified a request for Additional Postoperative Physical Therapy Three Times a Week for Six Weeks to the Right Shoulder to Additional Postoperative Physical Therapy for 12 Sessions to the Right Shoulder. The Medical Treatment Utilization Schedule (MTUS) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional post-op physical therapy sessions to the right shoulder, three times a week for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted and reviewed documentation indicated the worker was experiencing right shoulder pain and stiffness. The worker had treatment with surgery on 11/14/2014. There was no discussion describing the reason additional therapist-directed physical therapy sessions were needed or the expected benefit beyond a home exercise program. In the absence of such evidence, the current request for an additional 18 sessions of physical therapy for the right shoulder after surgery done three times weekly for six weeks is not medically necessary.