

<b>Case Number:</b>	CM15-0028329		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	05/01/2014
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/16/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 74 year old female with an industrial injury dated May 1, 2014. The injured worker diagnoses include status post arthroscopic right rotator cuff repair, subacromial decompression, distal clavicle excision and biceps tenotomy for rotator cuff tear, acromial arthritis and bicipital sling disruption with impingement. She has been treated with diagnostic studies, radiographic imaging, prescribed medications, physical therapy and periodic follow up visits. According to the progress note dated 1/20/15, the injured worker reported intermittent sharp pain in the pectoralis area just medial to the coracoid with certain movements Right shoulder exam revealed excellent rotator cuff strength and some tenderness in the anterior pectoral region medial to the coracoid process. The patient is noted to have 8 more physical therapy sessions approved. The treating physician prescribed services for additional outpatient physical therapy (2) times a week for over (4) weeks. Utilization Review determination on February 10, 2015 denied the request for additional outpatient physical therapy (2) times a week for over (4) weeks, citing MTUS, Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Physical Therapy (PT) (2) times a week for over (4) weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Shoulder Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 27 and page 11.

**Decision rationale:** Outpatient Physical Therapy (PT) (2) times a week for over (4) weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Post surgical guidelines state that if postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The documentation indicates that the patient has 8 more therapy sessions left as of 1/20/15. Without documentation of functional improvement from these 8 sessions of physical therapy additional therapy cannot be certified and is not medically necessary.