

<b>Case Number:</b>	CM15-0216684		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	07/08/2014
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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:

This is a 55-year-old male with a date of injury of July 8, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for osteoarthritis of the left shoulder and right shoulder acromioclavicular joint arthritis with impingement. Medical records dated September 9, 2015 indicate that the injured worker was seen for a recheck of both shoulders, and that the right shoulder was doing better than the left. A progress note dated October 7, 2015 documented complaints of weakness of the left shoulder, and that the right shoulder was continuing to improve with physical therapy. Per the treating physician (October 7, 2015), the employee had work restrictions that included no lifting, pushing, or pulling over five pounds and limited work above the shoulder level. The physical exam dated September 9, 2015 reveals almost full motion of the right shoulder and decreased range of motion of the left shoulder with weakness. The progress note dated October 7, 2015 documented a physical examination that showed full motion of the right shoulder and decreased range of motion of the left shoulder with weakness due to pain. Treatment has included at least ten sessions of physical therapy, and right shoulder arthroscopy (June 9, 2015). The utilization review (October 14, 2015) partially certified a request for six sessions of physical therapy for the bilateral shoulders (original request for twelve sessions).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times 4 for the bilateral shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

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

**Decision rationale:** Review indicates the patient is s/p right shoulder arthroscopy on 6/9/15 with at least 10 PT postop sessions now with request for 12 PT sessions to both shoulders. Report noted almost full range to the right with decreased range and weakness to the left shoulder. PT was modified for 6 sessions. The Chronic Pain Guidelines allow for physical therapy with fading of treatment to an independent self-directed home program. The employee has received 10 PT visits with an additional recent 6 authorized without specific demonstrated clinical deficits or functional limitations on the right shoulder to allow for additional therapy treatments. Post-surgical guidelines allow for up to 24 visits post arthroscopic surgery over 14 weeks rehab period. The patient is without tenderness, has almost full passive shoulder range without noted neurological deficits to support further therapy as the patient should have been transitioned to an independent home exercise program. There is no ADL limitations noted or extenuating circumstances to allow for further therapy. There is no report noting functional outcome of the 6 PT visits to the left shoulder to support for 12 visits, beyond guidelines criteria of 8-10 visits. The Physical therapy 3 times 4 for the bilateral shoulder is not medically necessary and appropriate.