

<b>Case Number:</b>	CM15-0218865		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	02/04/2015
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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:

This 61 year old male sustained an industrial injury on 2-4-15. Documentation indicated that the injured worker was receiving treatment for a shoulder injury with rotator cuff tear, subscapularis tear and anterior labrum tear. The injured worker underwent right shoulder arthroscopy with open rotator cuff repair on 6-24-15. The injured worker received postoperative physical therapy and medications. In a PR-2 dated 7-17-15, the injured worker complained of right shoulder pain, rated 7 out of 10 on the visual analog scale. The injured worker reported limitations to activities of daily living, difficulty with sleeping, recreational activities, bathing, dressing and discomfort while driving. In a physical therapy progress note dated 10-6-15, the injured worker complained of right shoulder "soreness" after "tweaking" his arm in bed. The injured worker had completed 24 sessions of physical therapy. In a PR-2 dated 10-14-15, the injured worker rated his pain 4 out of 10 on the visual analog scale. The injured worker reported that he had dislocated his right shoulder while in bed last week but it had spontaneously relocated. The injured worker was still going to physical therapy. Physical exam was remarkable for right shoulder with mild swelling and tenderness to palpation anterior to the glenohumeral joint. The treatment plan included continuing physical therapy and remaining off work until at least 12-24-15. On 10-21-15, Utilization Review non-certified a request for 8 additional sessions of physical therapy for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Additional Physical Therapy Right Shoulder QTY 8: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional physical therapy to the right shoulder #8 sessions is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are complete rotator cuff tear/rupture right shoulder; and other dislocation right shoulder joint, anterior dislocation. Date of injury is February 4, 2015. Request for authorization is October 14, 2015. The injured worker is status post right rotator cuff repair June 24, 2015. The injured worker has been receiving physical therapy and according to most recent physical therapy progress note dated October 8, 2015 are starting physical therapy visits #25. An additional four physical therapy sessions are outstanding. According to an October 14, 2015 provider progress note, the injured worker status post shoulder surgery. The injured worker sustained spontaneous shoulder dislocation one-week prior. Objectively there is tenderness over the anterior glenohumeral joint. The provider does not document objective functional improvement with ongoing physical therapy. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. After 25 sessions of physical therapy, the injured worker should be well-versed in the exercises performed during PT to engage in a home exercise program. Based on clinical information in the record, peer-reviewed evidence-based guidelines and no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated, additional physical therapy to the right shoulder #8 sessions is not medically necessary.