

<b>Case Number:</b>	CM15-0221238		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	11/17/2009
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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 51 year old female, who sustained an industrial injury on 11-17-2009. The injured worker is undergoing treatment for: rotator cuff sprain strain. On 4-24-15, the provider noted she was approximately 6 months post-operation and had had no physical therapy at that point. On 5-18-15, the provider noted she had received physical therapy and it "gave significant relief". On 9-30-2015, she reported left biceps pain. She is noted to be approximately 10 months post left rotator cuff repair. She indicated having no pain in the rotator cuff. Objective findings revealed forward flexion of the left shoulder as 170 degrees, abduction 165 degrees, external rotation 65 degrees, no pain noted with resisted abduction, forward flexion or external rotation, and negative supraspinatus isolation testing, tenderness is noted in the mid-biceps tendon, negative yergason's. The treatment and diagnostic testing to date has included: rotator cuff repair (11-11-14), sling and immobilizer, multiple sessions of physical therapy. The records are unclear regarding functional improvement with the already completed physical therapy sessions. Current work status: full duty. The request for authorization is for: post-operative physical therapy two times a week for four weeks for the left shoulder. The UR dated 10-20- 2015: non-certification of post-operative physical therapy two times a week for four weeks for the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op physical therapy, 2 times a week, left shoulder per 09/30/15 order (8 sessions):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, and Postsurgical Treatment 2009, Section(s): Shoulder. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Shoulder, Physical therapy.

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

**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 records indicated the worker was experiencing left mid-upper arm pain. There was no discussion describing the reason therapist-directed physical therapy would be expected to provide more benefit than a home exercise program at or near the time of the request. In the absence of such evidence, the current request for eight post-operative physical therapy sessions for the left shoulder done twice weekly for four weeks is not medically necessary.