

<b>Case Number:</b>	CM15-0036809		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	09/18/2012
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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, Pain Management

### 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 58-year-old female, who sustained an industrial injury on September 18, 2012. The diagnoses have included status post left shoulder rotator cuff repair, status post right knee arthroscopy and partial meniscectomy, and right knee mild osteoarthritis. Treatment to date has included home exercise program (HEP) and medication. Currently, the injured worker complains of left shoulder and right knee pain. The Primary Treating Physician's report dated January 12, 2015, noted tenderness to palpation of the left shoulder with external rotation limited due to pain. Examination of the right knee was noted to show tenderness to palpation with 1+ crepitation. On January 27, 2015, Utilization Review non-certified 12 physical therapy 2 times a week for 6 weeks for the left shoulder, noting there was no clear detail provided why the physical therapy for the left shoulder was being requested, with no clear detail provided on any previous physical therapy including number of sessions and functional outcomes. The guidelines used were not included in the documentation provided. On February 26, 2015, the injured worker submitted an application for IMR for review of 12 physical therapy 2 times a week for 6 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:

**12 physical therapy 2 times a week for 6 weeks for the left shoulder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** In the case of this injured worker, the submitted documentation indicates the patient has completed physical therapy in the past, but the number of past visits, functional benefit from prior therapy, and a comprehensive summary of past therapy is not submitted. The Chronic Pain Medical Treatment Guidelines recommend that formal physical therapy should be tapered to self-directed home exercises. The requesting provider's rationale for therapy includes a reference to an AME dated 9/11/14, but this AME was not included. Without knowledge of prior outcome of PT to the shoulder region, it is not possible to know what amount of future PT is appropriate at this juncture. Therefore, additional physical therapy is not medically necessary.