

<b>Case Number:</b>	CM15-0044047		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	07/30/2013
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Massachusetts

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:

This 45 year old male sustained a work related injury on 07/30/2013. According to a progress report dated 01/12/2015, the injured worker was seen for follow-up of his shoulder injury. He still noted some pain and stiffness in the shoulder, but felt improved following the cortisone injection that he received during his last visit. Examination of the left shoulder revealed active range of motion of the shoulder was 150 degrees of flexion, 130 degrees of abduction, external rotation was to 70 degrees and internal rotation was to 70 degrees. Abductors and external rotators were 4/5. Impression was status post left shoulder arthroscopy with labral repair. The injured worker appeared to be gradually improving. The provider noted that he would have the injured worker finish his course of supervised physical therapy and transition to home exercises. Work status included modified duty with a lifting restriction of 15 pounds and no pushing, pulling or reaching with the left arm. He was advised to limit work to five hours per day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 2x4, left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Shoulder (Acute & Chronic) Physical therapy.

**Decision rationale:** The claimant sustained a work-related injury in July 2013. She underwent a shoulder labral repair in on 08/14/14 and as of 12/30/14 had completed 24 physical therapy treatments. Physical therapy following the surgery performed would be expected to consist of up to 24 treatments over a 14 week period of time. In this case, the claimant has completed the usual number of treatments. In terms of physical therapy, patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for strengthening and range of motion. The claimant has no other identified impairment that would preclude performing such a program. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments.