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| <b>Case Number:</b>   | CM15-0047735 |                              |            |
| <b>Date Assigned:</b> | 03/19/2015   | <b>Date of Injury:</b>       | 02/16/2014 |
| <b>Decision Date:</b> | 05/01/2015   | <b>UR Denial Date:</b>       | 02/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/13/2015 |

### 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:

The injured worker is a 52 year old female with an industrial injury dated February 16, 2014. The injured worker diagnoses include tendinitis/bursitis, complete rupture of rotator cuff, and status post rotator cuff repair. She has been treated with diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. According to the progress note dated 02/23/2015, the injured worker presented for reevaluation of the right shoulder. Objective findings revealed decrease right shoulder elevation on the right and decrease strength in the supraspinatus and infraspinatus. The treating physician prescribed services for 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:

**Physical Therapy for the Right Shoulder (2x6) 12 sessions:** 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): 98-99. 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, physical therapy to the right shoulder two times per week times six weeks (12 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 diagnosis right rotator cuff repair. The documentation indicates the injured worker received 38 sessions of physical therapy. A progress note dated January 13, 2015 states the patient shoulder has remained stiff and has not improved significantly (post 38 sessions of physical therapy). The guidelines recommend a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction prior to continuing physical therapy. When treatment duration and/or number of visits exceeded the guidelines, exceptional factors should be noted. There are no compelling clinical facts in the medical record. This is in addition to the injured worker not responding significantly to 38 physical therapy sessions to date. Consequently, absent compelling clinical documentation with evidence of objective functional improvement pursuant to the recommended guidelines, physical therapy to the right shoulder two times per week times six weeks (12 sessions) is not medically necessary).