

<b>Case Number:</b>	CM15-0049690		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	01/04/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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 57 year old male, who sustained an industrial injury on 01/04/2014. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical strain, right shoulder impingement syndrome, right shoulder rotator cuff tear, severe lumbar five to sacral disc degeneration, left wrist possible triangular fibrocartilage complex (TFCC)tear, left first carpometacarpal (CMC) joint arthritis, and status post right shoulder arthroscopy, acromioplasty, with debridement of partial thickness tear. Treatment to date has included physical therapy, medication regimen, above noted procedure, and use of a shoulder sling. In a progress note dated 01/27/2015 the treating provider reports complaints of right shoulder pain that was rated a two out of ten along with right arm weakness. The treating physician requested two sessions of exercise education to transfer to a home therapy program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Two sessions of exercise education to transfer to a home therapy program-right:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**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, 2 sessions exercise education to transfer to a home program 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 exceed the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses are cervical strain; right shoulder impingement syndrome; right shoulder rotator cuff tear; severe L5 - S1 disc degeneration; left first CMC joint arthritis; left wrist possible TFCC tear; bilateral lumbar radiculopathy; and status post right shoulder arthroscopy, acromioplasty debridement of partial thickness tear of September 2014. Documentation indicates the injured worker completed postoperative physical therapy and the injured worker feels his symptoms are better than they were prior to surgery. The injured worker received a total of 24 sessions of physical therapy. Range of motion has improved and right shoulder pain on the VAS pain scale is 2/10. The injured worker remains temporarily, partially disabled. The worker is prescribed for modified duty with limited or no above the shoulder work on the right. Consequent to physical therapy, patients are instructed and expected to continue active therapies at home as an extension of the treatment process to maintain improvement levels. Patient education regarding postsurgical treatment and home exercises should have been ongoing with ongoing physical therapy. Stated differently, the injured worker should be well versed with all exercises encountered during the physical therapy treatment regimen. The injured worker received a total of 24 sessions of physical therapy. Consequently, absent compelling clinical documentation with a completed course of physical therapy and injured worker access to exercise education, two sessions exercise education to transfer to a home program is not medically necessary.