

<b>Case Number:</b>	CM15-0052897		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	04/15/2014
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 62 year old female, who sustained an industrial injury on April 15, 2014. She reported right shoulder pain. The injured worker was diagnosed as having closed fracture of unspecified part of upper end of humerus, dislocation of shoulder, unspecified site, contracture of shoulder joint, stiffness of joint, not elsewhere classified, other specified site and stiffness of joint, not elsewhere classified, shoulder region. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the shoulder, physical therapy, medications and work restrictions. Currently, the injured worker complains of right shoulder pain. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 29, 2015, revealed continued pain and sleep disturbances secondary to pain. It was noted the pain decreased with past therapy. Additional physical therapy of the right shoulder was recommended. The patient's surgical history includes ORIF surgery of the right shoulder on 4/15/14. Patient has received an 30 PT visits for this injury and the last session was on 1/15/15. The current medication list was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy x8 right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

**Decision rationale:** Request: Additional physical therapy x8 right shoulder. The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine". Patient has received an 30 PT visits for this injury and the last session was on 1/15/15 Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. The medical necessity of the request for Additional physical therapy x8 right shoulder is not fully established for this patient. The request is not medically necessary.