

<b>Case Number:</b>	CM15-0059534		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	01/14/2011
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 59 year old female, who sustained an industrial injury on 1/14/11. She has reported low back and right shoulder injury from cumulative trauma working as a seamstress. The diagnoses have included Herniated Nucleus Pulposus of the lumbosacral spine and status post right shoulder arthroscopy. Treatment to date has included medications, surgery, diagnostics, chiropractic and 16 post operative physical therapy sessions. Surgery has included right shoulder arthroscopy with rotator cuff repair on 9/26/12. Currently, as per the physician progress note dated 1/8/15, the injured worker states that the shoulder and back have improved with physical therapy. The objective findings revealed decreased range of motion in the lumbosacral spine with pain and discomfort noted. The right shoulder continues to reveal biceps pain with motion and pain with motion but range of motion has improved. There was no previous physical therapy sessions noted. The physician treatment plan was continue with medications, physical therapy and follow up in 1 month. The physician requested treatment includes Physical therapy 2x4 for the right shoulder, QTY: 8.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x4 for the right shoulder, QTY: 8:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

**Decision rationale:** Guidelines state that physical therapy is indicated for shoulder disorders up to 3 visits per week fading to self directed home active exercises. In this case, 16 sessions of physical therapy have been completed with minimal objective findings documented. Without documentation of effectiveness of previous physical therapy sessions, there is no reason indicated for the amount of physical therapy requested. Therefore, the request for physical therapy 2 x 4 is not medically necessary and appropriate.