

<b>Case Number:</b>	CM15-0059945		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	08/12/2011
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/19/2015
<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 Jersey

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 52 year old male, who sustained an industrial injury on August 12, 2011. The injured worker was diagnosed as having osteoarthritis involving the shoulder region and shoulder region joint pain. Treatment to date has included therapy, heat/ice, right shoulder surgery, and medication. Currently, the injured worker complains of significant right shoulder pain. The Primary Treating Physician's report dated March 9, 2015, noted the injured worker with progressive right shoulder pain, reported by the injured worker to be rated as a 7 on a scale on 1 to 10 with 10 being the most severe. Physical examination was noted to show global tenderness about his right shoulder with severe loss of motion. X-rays of the right shoulder were taken and noted to show advanced osteoarthritis. The treatment plan was noted to include a request for authorization for physical therapy to improve soft tissue mobility, decreased pain, and balance to the right shoulder, having responded well to therapy. The injured worker was prescribed Norco with a request for authorization for a urine toxicology screen to check the efficacy of the medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy right shoulder quantity 12:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** The MTUS Post-Surgical Treatment Guidelines state that following an arthroplasty or rotator cuff repair, up to a total of 24 supervised physical therapy sessions is justified and may be helpful at regaining strength and flexibility of the shoulder. The worker, in this case, following his right shoulder surgery (arthrotomy/hemiarthroplasty/rotator cuff repair/biceps tendon tenodesis) on 7/8/14, completed a total of 12 supervised physical therapy sessions with some reported benefit. Considering the recommended number of sessions of physical therapy being up to 24 and having only completed 12, it is certainly reasonable to consider an additional 12 supervised sessions of physical therapy for the right shoulder as requested.