

<b>Case Number:</b>	CM15-0062697		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	10/28/1989
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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 56 year old female, who sustained an industrial injury on 10/28/89. She reported initial complaints of head injury. The injured worker was diagnosed as having bilateral shoulder degenerative changes; chronic pain syndrome; joint pain in the shoulder. Treatment to date has included physical therapy; aquatics; psychotherapy; status post right shoulder arthroscopy, subacromial decompression, distal clavicle excision (2007); status post right shoulder arthroscopy, extensive intra-articular debridement with biceps tenotomy, rotator cuff repair 9/11/13); CT scan right shoulder (1/9/15); medications. Currently, the PR-2 notes dated 1/16/15 the injured worker complains of right shoulder pain with limited range of motion. The pain is described as aching and associated with stiffness and upper back pain. The pain limits the injured workers ability to perform personal tasks. She has surgery on the shoulder as well as physical therapy and injections that have been of benefit. The provider is requesting ongoing physical therapy 2-3 times a week for 8-12 weeks for right shoulder (x36 sessions).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2-3 times a week for 8-12 weeks for right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**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 2 to 3 times per week times 8 to 12 weeks for the right shoulder 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 workers working diagnosis is right shoulder pain. The year of injury is 1989. The injured worker had a full complement of physical therapy. There is no documentation of objective functional improvement as it relates to prior physical therapy. There was no indication in the medical record the injured worker is engaged in a home exercise program. The total number of physical therapy sessions to date (since 1989) is unclear and not documented in the medical record. The treatment plan includes office topic rotator cuff repair and arthroscopic labral debridement with possible lysis of adhesions. There is no authorization from the medical record as of the date of this review. Additionally, when treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record to warrant additional physical therapy. Consequently, absent compelling clinical documentation with authorization for surgery plus prior physical therapy documentation evidence of objective functional improvement, physical therapy 2 to 3 times per week times 8 to 12 weeks for the right shoulder is not medically necessary.