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| <b>Case Number:</b>   | CM15-0081485 |                              |            |
| <b>Date Assigned:</b> | 05/04/2015   | <b>Date of Injury:</b>       | 05/08/2013 |
| <b>Decision Date:</b> | 06/11/2015   | <b>UR Denial Date:</b>       | 04/01/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/28/2015 |

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 (IW) is a 58 year old female who sustained an industrial injury on 05/08/2013. She reported pain in the bilateral neck, upper back, right shoulder, upper extremities, wrists, hands, and knees. Currently the diagnosis are chondromalacia patellae on the left, and articular cartilage disorder on the right shoulder situation post (s/p ) arthroscopic repair superior labrum anterior posterior tear and subacromial bursitis s/p subacromial depression and s/p long head of the biceps tendon release. Currently, the injured worker complains of right shoulder pain. On inspection of the right shoulder, there is no evidence of swelling ecchymosis or deformity. Portals have healed and have remodeled. There is no tenderness on palpation; there is no effusion, crepitus or palpable masses. Strength is normal and reflexes are normal and symmetrical. Physical therapy 2 x 6 for the neck and right shoulder are ordered.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 6 for the neck and right shoulder:** 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, Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** The claimant sustained a work-related injury in May 2013 and has ongoing neck and right shoulder pain. She underwent an arthroscopic rotator cuff repair in November 2014. She had 24 post-operative physical therapy treatments. When seen, she was working without restrictions. There was a normal shoulder examination and documentation indicates that she had made a remarkable recovery. Post surgical treatment after the claimant's shoulder arthroscopy includes up to 24 physical therapy visits over 14 weeks with a postsurgical physical medicine treatment period of 6 months. Compliance with a home exercise program would be expected and would not required specialized equipment. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands for strengthening and self-applied modalities such as heat and ice. In this case the claimant has already had a successful course of post-operative physical therapy and is working without restrictions. There is no indication for continued skilled treatments. The requested additional physical therapy was not medically necessary.