

<b>Case Number:</b>	CM15-0088516		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	04/28/2014
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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 23 year old female, who sustained an industrial injury on 4/28/2014. The current diagnoses are status post right shoulder arthroscopy and tendinitis of the right shoulder. According to the progress report dated 4/13/2015, the injured worker underwent right shoulder arthroscopy on 3/25/2015, motion is improving. The current medication list is not available for review. Treatment to date has included medication management, x-rays, physical therapy, acupuncture, and surgical intervention. The plan of care includes exercise strength program to the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**P/O- exercise strength program right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 Official Disability Guidelines, plan of care exercise strength program to 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 worker's working diagnoses are cervical strain; thoracic strain; and tendinitis right shoulder. The injured worker underwent a right shoulder arthroscopy March 25, 2015. Motion is improving. A progress note dated April 13, 2015 (same date for request of authorization) states the injured worker is status post arthroscopy right shoulder. The treatment plan contains a request for authorization for exercise strength program right shoulder (physical therapy). The request does not contain a specified number of physical therapy sessions per week, the total number of physical therapy sessions and a duration for the total number of physical therapy sessions. The guidelines recommend 24 sessions of physical therapy over 14 weeks. The guidelines allow 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). Consequently, absent clinical documentation with a specified number of physical therapy sessions over a specified period of time, plan of care exercise strength program to the right shoulder is not medically necessary.