

<b>Case Number:</b>	CM15-0238689		
<b>Date Assigned:</b>	12/15/2015	<b>Date of Injury:</b>	06/14/2014
<b>Decision Date:</b>	01/19/2016	<b>UR Denial Date:</b>	11/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/07/2015

### 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: North Carolina  
 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:

This is a 54 year old male with a date of injury of June 14, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for status post right shoulder arthroscopy with labral repair (March 19, 2015). Medical records dated July 22, 2015 indicate that the injured worker complained of right shoulder pain rated at a level of 4 to 5 out of 10 that had improved 70% since surgery. A progress note dated September 25, 2015 documented complaints of right shoulder pain rated at a level of 6 out of 10 with radiation to the biceps, and increased pain with range of motion of the right shoulder. Per the treating physician (September 25, 2015), the employee was temporarily totally disabled and not working. The physical exam dated July 22, 2015 reveals decreased range of motion of the right shoulder, weakness in the right deltoid and internal and external rotators on the right, and slight paresthesia over the lateral aspect of the right shoulder. The progress note dated September 25, 2015 documented a physical examination that showed improved range of motion of the right shoulder, and weakness with internal and external rotation of the right shoulder. Treatment has included medications (Norco, Voltaren, and topical creams), right shoulder surgery, an unknown number of postoperative physical therapy sessions, and home exercise. The utilization review (November 10, 2015) non-certified a request for eight sessions of physical therapy for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the right shoulder 2 times a week for 4 weeks, quantity: 8 sessions:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks-Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The patient has already completed a course of physical therapy. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.