

<b>Case Number:</b>	CM14-0146594		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/02/2013
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 date of injury is January 12, 2013. The injured worker has diagnoses of chronic shoulder pain, shoulder rotator cuff syndrome, superior glenoid labral tear, and subacromial bursitis. The patient has a history of right arthroscopic rotator cuff repair and subacromial decompression surgery performed on June 28, 2013. The patient had 24 sessions of physical therapy for the right shoulder to date. Other conservative treatments have included medications. More recent imaging on June 10, 2014 showed on shoulder MRI evidence for a superior glenoid labral tear. There also appeared to be a partial re-tear of the distal supraspinatus and infraspinatus tendons. The disputed issue is a request for additional physical therapy. A utilization reviewer had noncertified this request, citing that there was a "lack of documentation regarding significant functional deficit of the left shoulder to indicate the need for physical therapy sessions." The date of the utilization review determination was August 28, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2xWks x 6Wks, Left Shoulder:** Upheld

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

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

**Decision rationale:** A progress note from date of service June 12, 2014 indicates that the patient is on temporary partial disability. There is no modified work available and limitations include no pushing or pulling greater than 5 pounds and no overhead shoulder reaching activities. Therefore there is evidence of functional impairment. However, guidelines recommend tapering of formal physical therapy to self-directed home exercises. In the case of this injured worker, there have already been previous sessions of physical therapy. It is not clear as to why the patient cannot be transitioned to self-directed home exercises. Also the request for 12 sessions is a full course of physical therapy, which is not appropriate in light of the fact that the patient should be well-versed in self-directed exercises. This request is not medically necessary.