

<b>Case Number:</b>	CM14-0180219		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	01/01/2010
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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 claimant has a history of a repetitive motion injury to the left shoulder with date of injury of 01/01/10. She was seen by the requesting provider on 09/23/14. She was having neck stiffness and neck and right shoulder pain. There had been a suboptimal outcome after left shoulder surgery. There had been mild improvement after an injection. Medications were tramadol, ibuprofen, omeprazole, and amitriptyline. Physical examination findings included positive impingement testing and anterior shoulder tenderness. She was diagnosed with impingement syndrome and authorization for surgery with 12 sessions of post-operative physical therapy was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy right shoulder times 12:** 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 (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines, Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** The claimant is more than 10 years status post work-related injury and continues to be treated for chronic right shoulder pain. Guidelines address the role of physical therapy following arthroscopic shoulder surgery for rotator cuff syndrome/impingement syndrome. The post surgical treatment period is 6 months with up to 24 therapy visits over 14 weeks after surgery, although goals can usually be achieved with fewer visits than the maximum recommended. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, however, the claimant has not undergone surgery and the number of visits requested is in excess of that recommended for the treatment of chronic pain. Therefore, the requested physical therapy is not medically necessary.