

<b>Case Number:</b>	CM14-0099275		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	03/28/2011
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Management 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:

This is a patient with a date of injury of March 28, 2011. A utilization review termination dated June 5, 2014 recommends noncertification of physical therapy 12 sessions for the shoulder. Noncertification was recommended since the patient has completed 48 sessions of therapy already. A progress report dated May 22, 2014 identifies subjective complaints of right shoulder pain. The note indicates that the patient is doing well and has been undergoing physical therapy. He had a Kenalog injection which has been very beneficial for him. The pain is currently intermittent. Physical examination identifies good range of motion with 4/5 strength in all motions. Diagnoses include status post right shoulder diagnostic and operative arthroscopy on October 4, 2013. The treatment plan recommends a Kenalog injection and additional physical therapy. The note indicates he has difficulty with activities of daily living and decreased strength. A surgical report dated October 4, 2013 indicates that the patient underwent a subacromial decompression and Mumford procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Two Times A Week For Six Weeks Right Shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder: Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends a maximum of 24 physical therapy visits for the post surgical treatment of rotator cuff disorders. Within the documentation available for review, it is unclear how many therapy sessions the patient has previously undergone. Therefore, it is impossible to determine if the currently requested 12 sessions, in addition to the previously provided sessions, would exceed the maximum number recommended by guidelines. Additionally, there is no statement identifying any sustained objective functional improvement from the therapy already provided. Finally, there is no statement indicating why any remaining objective treatment goals would be unable to be addressed with an independent program of home exercise. In the absence of clarity regarding those issues, the currently requested additional physical therapy is not medically necessary.