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| <b>Case Number:</b>   | CM14-0175646 |                              |            |
| <b>Date Assigned:</b> | 10/28/2014   | <b>Date of Injury:</b>       | 05/01/2012 |
| <b>Decision Date:</b> | 05/28/2015   | <b>UR Denial Date:</b>       | 10/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/23/2014 |

### 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. 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 57 year old male, who sustained an industrial injury on 5/1/2012. Diagnoses have included right shoulder sprain/strain, rotator cuff tear, acromioclavicular joint derangement right shoulder and biceps tendinitis of right shoulder. Treatment to date has included surgery, physical therapy and medication. According to the progress report dated 9/5/2014, the injured worker was status post arthroscopic repair of a two-tendon tear on 3/11/2014. He complained of pain and soreness. Physical exam revealed external rotation strength that was painful. Authorization was requested for physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical Therapy (PT) sessions for the right shoulder, 2 x per week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG-TWC Shoulder Procedure Summary last updated 08/27/2014.

**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 Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 physical therapy sessions for the right shoulder two times per week for six weeks 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 is status post two tendon repair on March 11, 2014 according to a September 5, 2014 progress. Subjectively, the injured worker complains of pain and soreness. Objectively, on his back, the injured worker elevates the arm to 90, abduction to 45. There is pain with external rotation. The injured worker underwent 24 sessions of physical therapy. The guideline limit for the injured worker surgery is 24 sessions. The injured worker is expected to continue with home exercise program as part of the physical therapy regimen. There is no documentation the injured worker was, in fact, engaged in a home exercise program. There are no compelling clinical facts in the medical record indicating additional physical therapy is needed. The injured worker is having ongoing range of motion deficits. Consequently, absent compelling clinical documentation to warrant additional physical therapy (after receiving the 24th session guideline limit), 12 physical therapy sessions for the right shoulder two times per week for six weeks is not medically necessary.