

<b>Case Number:</b>	CM14-0091971		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	11/26/2012
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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: Arizona, California

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:

The injured worker is a 58-year-old female who presented with cumulative industrial injuries on November 26, 2012 including bilateral shoulder pain. Diagnoses have included bilateral rotator cuff tears. Documented treatment included medication including Cyclobenzaprine, Ibuprofen, Gabapentin, and Tramadol. Physician progress note of April 21, 2014 stated that she had never had physical therapy. The injured worker reported worsening pain and range of motion. The treating physician's plan of care included 12 physical therapy visits for the left shoulder. Current work status was totally disabled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) Physical Therapy visits for the Left Shoulder, 2 times a week for 6 weeks:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/> Ankle and Foot, Table 2, Summary of Recommendations, Shoulder Disorders.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) physical therapy and pg 27.

**Decision rationale:** According to the guidelines, physical therapy for a rotator cuff injury can be up to 10 visits over 8 weeks. In this case, there is no mention of a complete rotator tear requiring surgery. The request for 12 sessions of therapy exceeds the guidelines and is therefore not medically necessary.