

<b>Case Number:</b>	CM15-0108719		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	08/06/2014
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 53 year old male, who sustained an industrial injury on 8/6/14. The injured worker has complaints of left shoulder pain. Examination of the left shoulder showed that the injured worker has 170 degrees of forward flexion, 90 degrees of external rotation and 70 degrees of internal rotation. The diagnoses have included rotator cuff rupture. Treatment to date has included left shoulder rotator cuff repair, biceps tenodesis and Mumford procedure. The request was for 12 sessions of physical therapy for the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions of physical therapy for the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Functional Improvement.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work-related injury in August 2014 and underwent a rotator cuff repair. He has had post-operative physical therapy. When seen, he was having some pain with overhead activity and felt his shoulder was weak. There was normal range of motion with nearly normal strength. Physical therapy following the surgery performed would be expected to consist of up to 30 treatments over an 18 week period of time, although goals can usually be achieved with fewer visits than the maximum recommended. In this case, the claimant has already had physical therapy and has full range of motion with minimal decreased strength. In terms of physical therapy, patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands for strengthening. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The request is not medically necessary.