

<b>Case Number:</b>	CM15-0010046		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	09/16/2014
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 32 year old male who sustained a work injury on September 16, 2014, when he incurred pain, weakness and a burning sensation to his right shoulder from heavy lifting. He was treated with physical therapy, and work restrictions. A Magnetic Resonance Imaging (MRI) revealed a large supraglenoid cyst with a tear. Currently, the injured worker complains of right shoulder pain with radiation. Treatment includes pain medications. Diagnosis of muscle spasms of the shoulder and a sprain of the right shoulder was made. On January 27, 2015, a request for a service of post operative physical therapy three times a week for 6 weeks to the right shoulder was non-certified by Utilization Review, noting, California MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 sessions of post-op Physical Therapy to right shoulder (3x 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 Official Disability Guidelines (ODG) Shoulder

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** The patient presents with pain and weakness in his right shoulder. The request is for 18 SESSIONS OF POST-OP PHYSICAL THERAPY FOR THE RIGHT SHOULDER. Per 12/24/14 progress report, arthroscopy of the right shoulder with repair was recommended. None of the reports indicate that the patient has had an actual shoulder surgery in the past. The patient is currently working with modified duty. For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the 12/24/14 progress report states that "the patient had some physical therapy, which improved the patient to some degree." None of the reports address how many therapy the patient has had in the past. The treater does not explain why the patient is unable to transition in to a home program. The current request for 18 combined with 8 some already received would exceed what is recommended per MTUS guidelines. The request IS NOT medically necessary.