

<b>Case Number:</b>	CM15-0010985		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	08/05/2013
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 64 year old male, who sustained an industrial injury on August 5, 2013. He has reported right shoulder and neck pain. The diagnoses have included complete rupture of the rotator cuff and closed posterior dislocation of the shoulder. Treatment to date was documented as medications. A progress note dated January 6, 2015 indicates a chief complaint of continued right shoulder pain and neck pain. Physical examination showed mild crepitus. The treating physician is requesting physical therapy and strengthening exercises of the right shoulder. On January 9, 2015 Utilization Review denied the request citing the MTUS chronic pain medical treatment guidelines and ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy and strengthening exercises right shoulder twice a week for six weeks:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (updated 10/31/14)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Shoulder; physical therapy

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Regarding physical therapy, ODG states 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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The request for 12 sessions is far in excess of the initial trials per MTUS and ODG guidelines. As such, the request for Physical therapy and strengthening exercises right shoulder twice a week for six weeks.