

<b>Case Number:</b>	CM15-0016751		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	07/10/2012
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: North Carolina, Georgia  
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:

This 51-year-old female sustained a work-related shoulder injury on 7/10/2012. According to the PR2 dated 2/17/2014, the injured worker's (IW) diagnoses include right rotator cuff tear, neuropathic pain of the right shoulder and adhesive capsulitis of the right shoulder. She reports right shoulder pain. Previous treatments include medications, physical therapy, home exercise, surgery and activity modification. The treating provider requests retrospective physical therapy for the right shoulder for dates of service 9/23/14 to 1/1/15 (15 visits). The Utilization Review on 12/30/2014 non-certified retrospective physical therapy for the right shoulder for dates of service 9/23/14 to 1/1/15 (15 visits), citing CA 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:

**Retrospective request for physical therapy to right shoulder dos 9/23/2014-1/1/2015 (15 visits): Upheld**

**Claims Administrator 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), Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** The CA MTUS recommends physical therapy for management of postsurgical adhesive capsulitis with a clear preference for active therapy over passive therapy. Physical therapy includes supervision by therapist then the patient is expected to continue active therapies at home in order to maintain improvement levels. Guidelines direct fading treatment frequency from 3 times a week to one or less with guidelines supporting up to 24 sessions over 14 weeks. In this case, the claimant has already completed 39 physical therapy visits and the medical records do not contain any information that would support any additional expected benefit from additional physical therapy. The request for additional physical therapy sessions is denied.