

<b>Case Number:</b>	CM15-0110179		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	04/13/2011
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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, 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 56 year old male who sustained an industrial injury on 04/13/2011. Diagnoses include status post arthroscopic subacromial decompression and partial distal claviclectomy of the right shoulder, right knee medial meniscus tear plus chondromalacia of the patella, left knee overuse syndrome plus chondromalacia of the patella, bilateral shoulder post traumatic arthrosis of the acromioclavicular joints secondary to overuse, stress, depression and anxiety, Insomnia, cervical C5-6 herniated nucleus pulposus of 4mm, status post arthroscopic medial meniscectomy and chondroplasty patella of the right knee, and status post left shoulder arthroscopic decompression and partial claviclectomy. Treatment to date has included diagnostic studies, medications, X force with solar care device, swimming exercises, physical therapy, and acupuncture. His medications include Norco, Prilosec and Xanax. A physician progress note dated 04/30/2015 documents the injured worker complains of severe right shoulder pain, and mild left shoulder pain. He is approximately 6 weeks status post right shoulder surgery. He has right wrist pain and right knee pain that is mild. He is not working. Right shoulder range of motion is restricted and right hand grip is decreased. The treatment plan is for continuation with the use of the X force with solar care device, Norco, Xanax, and Gabapentin was dispensed. Treatment requested is for Physical therapy 2 times a week for 6 weeks right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks right shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 27.

**Decision rationale:** Regarding the request for physical therapy, California MTUS supports up to 24 sessions after shoulder surgery, noting that an initial course of therapy consisting of half that amount may be prescribed and, with documentation of functional improvement, a subsequent course of therapy shall be prescribed. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request appears to exceed the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.