

<b>Case Number:</b>	CM15-0110724		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	06/19/2014
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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 44 year old male, who sustained an industrial injury on 6/19/2014. He reported discomfort in his right shoulder. Diagnoses have included right shoulder strain/labral tear and status post SLAP repair, debridement of anterior, posterior and superior labrum and debridement of undersurface of the rotator cuff tendon and partial bursectomy of the right shoulder. Treatment to date has included right shoulder surgery (11/11/2014), physical therapy and medication. According to the progress report dated 4/27/2015, the injured worker complained of right shoulder pain. The injured worker reported attending physical therapy with benefit and performing a home exercise program. He was working without restriction. Physical exam revealed healed arthroscopic portals. There was good strength to supraspinatus testing. There was slight pain but good strength to external rotation testing. The injured worker was to return to work with restrictions of no work at or above shoulder level, no forceful pushing or pulling and no lifting greater than ten pounds. Authorization was requested for eight physical therapy sessions for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight physical therapy sessions: right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The claimant sustained a work injury in June 2014 and continues to be treated for right shoulder pain. He underwent an arthroscopic labral repair and rotator cuff debridement in November 2014. When seen, there had been improvement with physical therapy and he was performing home exercises. He was working without restrictions. Physical examination findings included good strength and slight pain with resisted muscle testing. Post surgical treatment after the claimant's shoulder arthroscopy includes up to 24 physical therapy visits over 14 weeks with a postsurgical physical medicine treatment period of 6 months. Compliance with a home exercise program would be expected and would not require specialized equipment. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a simple over-the-door pulley system for strengthening and range of motion and self-applied modalities such as heat and ice. In this case the claimant has already had a course of post-operative physical therapy with therapeutic content having included a home exercise program. The requested additional physical therapy was not medically necessary.