

<b>Case Number:</b>	CM15-0128489		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	01/18/2014
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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 64-year-old male, who sustained an industrial injury on 1/18/2014. The mechanism of injury is unknown. The injured worker was diagnosed as status post left shoulder arthroscopy. Left shoulder magnetic resonance imaging showed thinning to the distal supraspinatus tendon fibers. Treatment to date has included left shoulder arthroscopy, physical therapy and medication management. In a progress note dated 6/12/2015, the injured worker complains of left shoulder pain, rated 6-8/10. Physical examination showed tenderness and decreased left shoulder range of motion with a positive impingement test. The treating physician is requesting fifth (5) course of post-op physical therapy, 2 x 6 for the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fifth (5) course of post-op physical therapy, 2 x 6 for the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** This patient presents with continued left shoulder pain. The current request is for fifth (5) course of post-op physical therapy, 2 x 6 for the left shoulder. The RFA is dated 01/18/15. Treatment to date has included left shoulder arthroscopy, physical therapy and medication management. The patient is not working. This patient is outside of the post-surgical time frame for physical medicine. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." This patient is status post left shoulder arthroscopy on 07/30/14. According to progress report 06/12/15, the patient continues with decreased range of motion and pain of the right shoulder. Physical examination revealed tenderness and positive impingement test. Treatment plan was for additional physical therapy. This patient has continued to participate in physical therapy following the 07/30/14 left shoulder surgery, and as stated in the UR letter, has completed at least 42 PT sessions. Progress report 01/05/15 noted that the patient attended "additional therapy sessions without improvement." Report 05/15/15 states that the patient has completed 12 sessions "with minimal improvement in range of motion and strength." In this case, the patient has participated in excessive amounts of physical therapy despite continued documentation that PT has been ineffective for this patient. In addition, the requested additional 12 sessions exceeds what is recommended by MTUS. This request is not medically necessary.