

<b>Case Number:</b>	CM15-0160629		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	11/11/2014
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 52-year-old female who sustained an industrial injury on 11-11-2014. Diagnoses have included right shoulder adhesive capsulitis and right shoulder rotator cuff repair. Diagnostic Right shoulder MRI dated 1-8-2015 discussed full thickness tear, subacromial spurring, glenohumeral joint effusion and osteoarthritis. Documented treatment includes moist heat, home exercise, TENS unit, acupuncture, 12 chiropractic treatments, injections, medication, and an unspecified number of previous physical therapy treatments noted in the 7-22-2015 progress note. The provided medical records do not state details regarding physical therapy sessions or the injured worker's response. On 7-22-2015, the progress note states the injured worker has decreased right shoulder range of motion, and poor sleep. Medications were providing 30 to 40 percent pain reduction. On 8-6-2015, the injured worker was reporting 5 out of 10 rated constant pain characterized as a dull ache. The treating physician's plan of care includes physical therapy 2 times per week for 6 weeks, which was modified to 2 times per week for 2 weeks on 8-11-2015. The notes indicate that the injured worker has been off from work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2xWk x 6Wks for the right shoulder, QTY: 12: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Physical Therapy 2 x Wk x 6 Wks for the right shoulder, QTY: 12 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had prior PT for this condition but it is unclear how many sessions and the outcome. There are no extenuating factors, which would necessitate exceeding the MTUS recommended number of visits for this condition therefore 12 more supervised therapy visits are not medically necessary.