

<b>Case Number:</b>	CM15-0172210		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	05/07/2015
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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:

This is a 50 year old male with a date of injury on 5-7-2015. A review of the medical records indicates that the injured worker is undergoing treatment for acute right shoulder dislocation on 5-7-2015 status post closed reduction and partial rotator cuff tear with labral tear and bony Bankart lesion of the right shoulder. Medical records (5-11-2015 to 8-13-2015) indicate ongoing dull, achy, right shoulder pain. The injured worker complained of some numbness and paresthesias laterally. Per the treating physician (8-13-2015), the employee was temporarily totally disabled. Previous progress reports noted that the injured worker was working modified duty. The physical exam (5-11-2015 to 8-13-2015) reveals right shoulder "range of motion with active assistance 120 of flexion and abduction of 130." He was noted to have weakness of his right rotator cuff. Treatment has included a shoulder immobilizer sling, and pain medications (Ibuprofen, Norco and Lexapro). Per the 8-13-2015, the injured worker had started physical therapy and was improving slowly. The request for authorization dated 8-19-2015 was for 12 sessions of physical therapy for the right shoulder and Norco. The original Utilization Review (UR) (8-21-2015) modified a request for 12 physical therapy sessions for the right shoulder to 4 sessions. Utilization Review certified a request for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 12 sessions to the right shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in May 2015 with dislocation of the right shoulder. He has a partial rotator cuff tear with Bankart lesion and labral tear. In June 2015 he had ongoing instability and arthroscopic surgery had been approved. In July 2015 he had self discontinued use of a sling and had considerably improved range of motion. He was having pain but was not having instability. He had rotator cuff weakness. A second surgical opinion was requested. He was seen for this on 07/15/15 and physical therapy was recommended. When seen by the requesting provider he was improving slowly with physical therapy. He had decreased range of motion. Additional physical therapy was requested. In terms of physical therapy after a shoulder dislocation, guidelines recommend up to 12 treatment sessions over 12 weeks. In this case, the claimant has already had physical therapy treatments. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for strengthening and range of motion. The number of additional visits requested is in excess of that recommended or what might be needed to provide an effective home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.