

<b>Case Number:</b>	CM15-0173203		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	10/25/2011
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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: 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 58-year-old female, who sustained an industrial injury on 10-25-2011. She has reported injury to the neck and left shoulder. The diagnoses have included cervical strain with cervical disc disease; left frozen shoulder; left trigger thumb; and status post arthroscopic rotator cuff repair, extensive debridement, Mumford procedure, and subacromial decompression, left shoulder, on 01-09-2013. Treatment to date has included medications, diagnostics, splinting, massage therapy, physical therapy, chiropractic therapy, and surgical intervention. A progress report from the treating physician, dated 08-07-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued pain; no improvement; and she is unable to do daily activities without experiencing pain. Objective findings have included cervical spine tenderness to palpation; positive trap spasm; positive Spurling's sign decreased left shoulder ranges of motion; positive Neer's sign; and rotator cuff strength is +4 out of 5. The treatment plan has included the request for physical therapy 2 times per week for 6 weeks, for the left shoulder (12 sessions). The original utilization review, dated 08-10-2015, non-certified a request for physical therapy 2 times per week for 6 weeks, for the left shoulder (12 sessions).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times per week for 6 weeks, for the left shoulder (12 sessions): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

**Decision rationale:** The claimant sustained a work injury in October 2011 and underwent a left arthroscopic rotator cuff decompression and rotator cuff repair in January 2013. She continues to be treated for neck, shoulder, and right thumb pain. Recent physical therapy treatments were provided beginning in February 2015 and continue through May 2015. Progress notes in March 2015 document that her thumb was feeling great and she was not having any triggering. In July 2015, she had regained shoulder range of motion and was working without restrictions. She was having ongoing shoulder pain. When seen, there was cervical tenderness with trapezius muscle spasms and positive Spurling's testing. There was Positive shoulder impingement testing with decreased strength. Additional physical therapy is being requested. After the surgery performed, guidelines recommend up to 24 visits over 14 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy. 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 finalize the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.