

<b>Case Number:</b>	CM15-0173258		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	02/26/2015
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/26/2015
<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: California  
 Certification(s)/Specialty: Emergency 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 22 year old male injured worker who sustained an industrial injury on 2-26-15 to the right shoulder from a fall. Diagnoses included right shoulder pain; status postindustrial fall; first time anterior shoulder dislocation with nondisplaced anterior inferior labral tearing. He currently (8-18-15) complains of right shoulder pain with reaching and lifting overhead and lacks some range of motion and is apprehensive with movements of his shoulder. He has completed a course of physical therapy, to restore full range of motion, avoiding positions of abduction and external rotation and rotator cuff and scapular stabilization, which was "somewhat beneficial". On physical exam there was some tenderness, anterior instability, weakness to external rotation on forward elevation test, decreased range of motion. Diagnostics include x-rays of the right shoulder (2-26-15) after reduction showing no fracture and neurovascularly intact; MRI (4-29-15) showing evidence of nondisplaced anterior inferior labral tear and impaction contusion injuries. Treatments to date included over the counter medication; sling. In the progress note dated 8-18-15 the treating provider's plan of care included a request for an additional course of physical therapy to restore full range of motion, avoiding positions of abduction and external rotation and rotator cuff and scapular stabilization. The request for authorization dated 8-19-15 indicated physical therapy to the right shoulder twice per week for six weeks. On 8-26-15 utilization review evaluated and non-certified the request for physical therapy twice per week for six weeks for the right shoulder based on documentation indicating recent physical therapy with no indication of ongoing deficits that cannot be completed in the context of a home exercise program and that would requires supervised physical therapy.

## **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 right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Guidelines also recommend only up to 10 PT sessions for the diagnosis listed. Patient has already undergone 10 sessions with noted improvement in range of motion and pain. It is unclear why patient cannot perform home directed therapy with skills learned during PT sessions. Justification that patient needs to retain full range of motion of shoulder as reason for additional PT is not a realistic goal. Patient had exceeded recommended number of sessions and has improvement in range of motion and pain. Additional physical therapy is not medically necessary.