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| <b>Case Number:</b>   | CM15-0064464 |                              |            |
| <b>Date Assigned:</b> | 04/10/2015   | <b>Date of Injury:</b>       | 08/15/2014 |
| <b>Decision Date:</b> | 05/11/2015   | <b>UR Denial Date:</b>       | 03/20/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/06/2015 |

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 60 year old male, who sustained an industrial injury on 8/15/14. He reported pain in his right shoulder due to a fall. The injured worker was diagnosed as having right shoulder impingement with evidence of full thickness tearing in the supraspinatus. Treatment to date has included decompression and rotator cuff repair on 12/9/14, physical therapy, aqua therapy and pain medications. As of the PR2 dated 3/2/15, the injured worker reports minimal pain in the right shoulder. He indicated that he is making slight, but steady progress. The treating physician noted improved range of motion in the right shoulder and no gross weakness. The treating physician requested physical therapy x 12 session to the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve sessions of physical therapy two times a week for six weeks to the right shoulder:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Section, Physical Therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 physical therapy sessions two times per week times six weeks to the right shoulder is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is status post arthroscopic subacromial decompression and rotator cuff repair right shoulder December 9, 2014. Utilization review indicates the injured worker completed 8 physical therapy sessions and 12 aquatic therapy sessions. A February 16, 2015 physical therapy progress note reflects visit number one for physical therapy. The documentation indicates the treating physician requested two sessions per week times four weeks (eight sessions). This was approved. In a March 2, 2015 progress note, an additional 12 physical therapy sessions are requested. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the March 2, 2015 progress note indicating additional physical therapy is warranted. The documentation indicates the injured worker was having slow progress of improvement. After 8 physical therapy visits, the injured worker should be well-versed at the exercises performed during physical therapy to engage in a home exercise program. Consequently, absent compelling clinical documentation with compelling clinical facts indicating additional physical therapy is warranted, 12 physical therapy sessions two times per week times six weeks to the right shoulder is not medically necessary.