

<b>Case Number:</b>	CM15-0071635		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	01/31/2013
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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 59 year old male, who sustained an industrial injury on 1/31/13. He reported a left shoulder injury and low back injury. The injured worker was diagnosed as having status post mini open biceps tenodesis with subacromial decompression and limited capsular release. Treatment to date has included left shoulder surgery, multiple physical therapy sessions and activity restrictions. Currently, the injured worker complains of left shoulder injury. Physical exam noted healing incision and limited range of motion of sacrum. He states the shoulder is still sore, however it is improving. The treatment plan included further physical therapy treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3xWk x 4Wks for the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant is more than two years status post work-related injury and getting used to be treated for left shoulder pain. He underwent arthroscopic surgery in February 2013 followed by postoperative physical therapy. The claimant has recently had additional therapy treatments. When seen, he had decreased range of motion and strength. He had been working on range of motion in physical therapy and had been making progress. In terms of physical therapy, patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could 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 claimant has no other identified impairment that would preclude performing such a program. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote further dependence on therapy provided treatments. The request is not medically necessary.