

<b>Case Number:</b>	CM15-0073088		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	03/22/2013
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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 54 year old male, who sustained an industrial injury on March 22, 2013. The injured worker was diagnosed as having shoulder pain, rupture of quadriceps tendon, and chronic pain syndrome. Treatment to date has included physical therapy, home exercise program (HEP), and medication. Currently, the injured worker complains of shoulder pain, and right knee pain with radiation of pain to the right toes. The Treating Physician's report dated March 4, 2015, noted the injured worker reporting the right knee buckling with a fall on September 26, 2014, which caused his tendon in the right rotator cuff to partially tear. The injured worker's medications were listed as Cyclobenzaprine, Ibuprofen, Lidocaine patch, and Metformin. The injured worker was noted to have an antalgic, slowed gait, using a cane for ambulation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2xWk x 6Wks for the shoulder and upper arm, QTY: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, p98-99 Page(s): 98-99.

**Decision rationale:** The claimant is more than 2 years status post work-related injury and fell in September 2014 sustained a partial right rotator cuff tear. When seen, he had already had extensive physical therapy and was performing a home exercise program. 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 shoulder strengthening and range of motion. Providing additional skilled physical therapy services does not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The request is not medically necessary.