

<b>Case Number:</b>	CM15-0073495		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	03/13/2009
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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 62-year-old female, who sustained an industrial injury on 3/13/2009. The injured worker was diagnosed as having status post right rotator cuff repair and post-operative right shoulder scar tissue. Treatment to date has included right shoulder surgery on 7/23/2014 and physical therapy (notes not provided). Currently, the injured worker complains of right shoulder pain rated 6/10, increased from prior visit when rated 3/10. She stated that physical therapy helped to pain and tenderness and improved her function and activities of daily living. She was recovering from right shoulder pain and was awaiting magnetic resonance imaging of the right shoulder. Medication use was not described. Physical exam noted grade 2- 3 tenderness (same since last visit), restricted range of motion, and positive impingement and supraspinatus tests. The treatment plan included continued physical therapy (2x6) for the right shoulder. She remained totally temporarily disabled. A prior progress report, dated 3/10/2015, noted ongoing right shoulder pain rated 5/10, noting that she was doing therapy and presently not working because her employer was unable to accommodate her lifting restrictions. On this visit, additional physical therapy (2x4) was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 8 session 2x4 for the right shoulder:** Upheld

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

**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, physical therapy 8 sessions (two times per week times four 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post right shoulder rotator cuff repair; and right shoulder postoperative scar tissue. The injured worker underwent right shoulder arthroscopy July 23, 2014. According to the most recent progress note dated February 10, 2015, the injured worker underwent a course of physical therapy. The injured worker still has difficulties with the right shoulder with the VAS pain scale of 5-6/10. Objectively, there is a palpable crepitus. Abduction is 150, flexion is 150, external rotation is 40, and internal rotation is 40. Extension is 30. Strength is 4+/4. The total number of physical therapy sessions is not documented in the medical record. There are no physical therapy progress notes in the medical record that demonstrates objective functional improvement. There are no compelling clinical facts in the medical record showing additional physical therapy is clinically warranted. Consequently, absent clinical documentation with the total number of physical therapy sessions to date, objective evidence of functional improvement with physical therapy to date and compelling clinical facts showing additional physical therapy is warranted, physical therapy 8 sessions (two times per week times four weeks) to the right shoulder is not medically necessary.