

<b>Case Number:</b>	CM15-0075000		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	05/15/2012
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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:

This 61-year-old female sustained an industrial injury on 5/15/12. She subsequently reported shoulder pain. Diagnoses include rotator cuff tear. Treatments to date have included x-ray and MRI studies, surgery, physical therapy and prescription pain medications. The injured worker continues to experience right shoulder pain. Tenderness and decreased range of motion were noted upon examination. A request for 6 additional visits of physical therapy was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Additional visits of physical therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**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, six additional physical therapy visits are 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 right rotator cuff tear; after careful musculoskeletal system surgery. The injured worker is status post right rotator cuff repair on June 9, 2014. A physical therapy progress note dated April 1, 2015 indicates the injured worker is on visit #35. The guidelines recommended 12 sessions of physical therapy for rotator cuff repair. A physician progress note dated April 8, 2015 shows therapy provides minimal improvement. Subjectively, the injured worker has significant pain. There is no documentation evidencing objective functional improvement (after #35 physical therapy sessions). There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. Consequently, absent compelling clinical documentation with objective functional improvement (after #35 sessions of physical therapy) and compelling clinical facts indicating additional physical therapy is warranted, six additional physical therapy visits are not medically necessary.