

<b>Case Number:</b>	CM15-0075321		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	12/09/2013
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/07/2015
<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

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 52 year old male, who sustained an industrial injury on December 9, 2013. The injured worker was diagnosed as having status post right shoulder debridement and decompression. Treatment and diagnostic studies to date have included surgery, physical therapy and medication. A progress note dated March 25, 2015 the injured worker complains of right shoulder pain rated 5/10. He is rated to have a 40-50% improvement since surgery and therapy. The plan includes additional therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for The Right Shoulder 6 Visits (1 Time A Week for 6 Weeks): 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): 99, Postsurgical Treatment Guidelines Page(s): 26, 27 of Code of Regulations.

**Decision rationale:** With regard to the request for additional physical therapy, the California Medical Treatment Utilization Schedule recommends transition from formal physical therapy to

self-directed home exercises after a full course of therapy. Future therapy is contingent on demonstration of functional improvement from prior therapy. In the case of this worker, there has been previous post-operative therapy from 9/24/14 to 11/16/14 as documented by the PT notes. The PT notes conclude that the patient has plateaued in terms of improvement and the motivation of this worker is called into question. Given, that the CPMTG state that further therapy is contingent on improvement from prior therapy, additional PT at this juncture is not deemed medically necessary.