

<b>Case Number:</b>	CM15-0079704		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	10/20/2014
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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

### 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 60 year old male sustained an industrial injury to the right shoulder on 10/20/14. The injured worker was diagnosed with right shoulder sprain/strain. Previous treatment included magnetic resonance imaging, rotator cuff repair with biceps tenodesis (2007), physical therapy and medications. The injured worker developed a deformity to the arm postoperatively. In a PR-2 dated 3/31/15, the injured worker complained of right shoulder pain 3-5/10 on the visual analog scale associated with numbness and weakness. The physician noted that magnetic resonance imaging right shoulder (2/23/15) showed a massive supraspinatus full thickness tear with retraction. X-rays taken during the office visit showed a type III acromion, severe acromial joint arthritis and a high riding humerus. Current diagnoses included massive rotator cuff tear with atrophy, right shoulder. The treatment plan included physical therapy twice a week for four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, 8 sessions for the right shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has acute flare-up with clinical findings to support for formal PT, therapy visits is medically appropriate to allow for relief and re-instruction on a home exercise program for this injury. Submitted reports have adequately demonstrated the indication to support the hand therapy to allow for maximal functional benefit and recovery. Medical necessity has been established. The Physical Therapy, 8 sessions for the right shoulder is medically necessary and appropriate.