

<b>Case Number:</b>	CM15-0093275		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	11/05/2012
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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 56-year-old female injured worker suffered an industrial injury on 11/05/2012. The diagnoses included right shoulder rotator cuff repair and right degenerative joint disease. The injured worker had been treated with right shoulder rotator cuff repair 2/18/2015, post-operative physical therapy and medications. On 4/13/2015, the treating provider reported she had been doing well in physical therapy and has occasional radiating pain from the shoulder down the arm as well as up to the neck. The treatment plan included Physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy to include therapeutic exercise, manual therapy and e-stim (18 sessions):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines  
Page(s): 10-11.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175. 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 to include therapeutic exercises, manual therapy and E-stimulation #18 sessions 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. "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living." In this case, the injured worker's working diagnoses are right shoulder rotator cuff tear; status post superior labrum anterior and posterior tear; Bankart tear; right shoulder degenerative joint disease. The injured worker underwent right shoulder rotator cuff repair, Bankart repair, tenodesis, subacromial decompression and chondroplasty of the glenohumeral joint on February 18, 2015. The injured worker completed 18 sessions of physical therapy with improvement. The guidelines recommend 24 sessions of physical therapy. The treating provider is requesting an additional 18 sessions of physical therapy. This is in excess of the recommended guidelines. Additionally, the ACOEM does not support passive physical modalities such as transcutaneous electrical stimulation. E-stim is not recommended. Consequently, absent compelling clinical documentation to support 18 physical therapy sessions in excess of the recommended guidelines for 24 sessions and guideline non-recommendations for passive physical modalities, physical therapy to include therapeutic exercises, manual therapy and E-stimulation #18 sessions is not medically necessary.