

<b>Case Number:</b>	CM15-0099836		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	08/10/2007
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Massachusetts

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 50 year old male, who sustained an industrial injury on August 10, 2007, incurring shoulder injuries while working as a painter. Magnetic Resonance Imaging revealed impingement syndrome of both shoulders. Treatment included physical therapy, pain medications, anti-inflammatory drugs, proton pump inhibitor, and home exercise program and work modifications. Currently, the injured worker complained of ongoing shoulder pain, decreased range of motion, and weakness with spasms. In November, 2014, the injured worker underwent a left shoulder arthroscopy with a diagnosis of adhesive capsulitis. The treatment plan that was requested for authorization included ten visits of physical therapy for the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **10 visits of Physical Therapy for the Left Shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic), Online Version.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** The claimant sustained a work injury in August 2007 and underwent arthroscopic shoulder surgery in November 2014 for a rotator cuff decompression and repair. He had postoperative physical therapy. As of 02/05/15 he had completed 12 treatment sessions. He was independent in a home exercise program and in pain with dosing strategies. He had nearly full active shoulder range of motion and was tolerating overhead activities. Additional therapy was recommended. Post surgical treatment after the claimant's shoulder arthroscopy includes up to 24 physical therapy visits over 14 weeks, although goals can usually be achieved with fewer visits than the maximum recommended. Compliance with a home exercise program would be expected and would not require specialized equipment. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands for strengthening and use of a pulley system for range of motion. In this case the claimant has already had a course of post-operative physical therapy with therapeutic content having included a home exercise program and he is doing well. The requested additional physical therapy is in excess of what would be needed finalize the claimant's home exercise program and is not medically necessary.