

<b>Case Number:</b>	CM13-0018683		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	02/04/2011
<b>Decision Date:</b>	06/17/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a 56 year old male who has reported right shoulder pain after an injury on 02/04/2011. He has been diagnosed with impingement and a rotator cuff tear. He was initially treated with a steroid injection, acupuncture and NSAIDS. On 11/02/2011, he had right shoulder surgery: a rotator cuff repair, subacromial decompression, biceps tenotomy, debridement, and an open distal clavicle excision. He attended physical therapy for months after surgery. Per a QME on 07/18/2012, he was no longer receiving physical therapy. Shoulder strength was normal. Shoulder range of motion in all planes was 10 degrees decreased. Future care was to include various passive physical modalities for flare-ups, with no mention of the MTUS or treatment guidelines. Per the PR-2 of 7/25/13, the treating physician noted ongoing neck, shoulder, and upper extremity pain; and off-work status. Impingement tests were positive. Range of motion was limited by 20-40 degrees. The treatment plan included modified work, Anaprox, physical therapy for 8 visits, and home exercise. The content of the physical therapy was not specified. On 8/14/13, Utilization Review non-certified an additional 8 visits of physical therapy, noting the MTUS recommendations, lack of a clear treatment plan, lack of clear medical necessity, and lack of a clear history of the prior course of physical therapy and its results. This Utilization Review decision was appealed for Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 PHYSICAL THERAPY SESSION 2 TIMES A WEEK TIMES 4 WEEKS FOR THE RIGHT SHOULDER:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, Physical medicine Page(s): 9, 98-99.

**Decision rationale:** This injured worker is no longer in the post-operative period, as defined in the MTUS. Per the MTUS, Chronic Pain section, functional improvement is the goal rather than the elimination of pain. The maximum recommended quantity of Physical Medicine visits is 10, with progression to home exercise. There are no reports showing a course of physical therapy after the post-operative course of physical therapy. Since the QME, range of motion has decreased. A course of physical therapy may be beneficial to help with range of motion, and the 8 visits are consistent with the quantity recommended in the MTUS for chronic pain. The treating physician wrote an appropriate work status, with a return to modified work, which is consistent with an approach focused on functional restoration. The course of physical therapy for 8 visits is medically necessary based on the MTUS recommendations and the loss of range of motion. The Utilization Review decision is reversed, as the Utilization Review did not address the recommendations of the MTUS for Physical Medicine, did not address the loss of range of motion, and did not adequately address the current clinical status of the injured worker compared to prior status.