

<b>Case Number:</b>	CM13-0004726		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/27/2009
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	07/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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:

The patient is a 51-year-old male who reported an injury on 11/27/2009. The mechanism of injury was loading a pallet. He had a right shoulder arthroscopy, debridement, decompression, and cuff repair on 11/15/2012; this was his third shoulder surgery. Since the surgery, the patient reports minimal improvement to the right shoulder. As of 10/03/2013, the patient is noted to only have completed two of the 12 prescribed physical therapy visits. The patient continues to complain of pain and reports utilizing pain medications to control his symptoms. Physical examination findings on that date report bilateral shoulder flexion of 180 degrees, right shoulder extension of 35 degrees, and left of 80 degrees; shoulder abduction of 170 degrees on the right and 180 degrees on the left; internal rotation of 90 degrees on the left and 90 degrees on the right; external rotation of 90 degrees bilaterally as well. The physician stated that motor strength testing identified weakness in forward flexion, abduction, and internal rotation of the right shoulder; however, there were no objective values provided. The patient was also noted to have positive impingement sign on the right and a "popping" noted with flexion of the right shoulder. MRI arthrogram performed on 09/27/2013 revealed a complex undersurface and laminar intrasubstance partial thickness tear through the critical zone to the insertion and suture anchor of the previous supraspinatus rotator cuff repair; a stable mild supraspinatus muscle belly atrophy; infraspinatus tendinopathy with focal undersurface insertional partial thickness tear; anterior superior labral tear; persistent biceps longitudinal tear along the groove segment; and a grossly stable bony degenerative change of the humeral head and postsurgical changes of the acromion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op Physical Therapy Right Shoulder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** California MTUS/ACOEM Guidelines recommend physical therapy to restore flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Although the patient received postoperative therapy after his right shoulder surgery in 2012, it is unclear how many sessions he actually received. It is known however, that the patient continued to participate in therapy through 04/2013. California MTUS/ACOEM, Postsurgical Guidelines recommend up to 24 visits of physical therapy for an arthroscopic rotator cuff repair. These visits must be performed within a postsurgical physical medicine treatment period of 6 months. The patient has far exceeded his 6 months postoperative period, as his surgery was in 11/2012. Approaching this as a chronic condition, guidelines recommend up to 10 visits for unspecified myalgia or neuralgia with a trial of 6 sessions to determine efficacy. In the 10/03/2013 clinical note, it is reported that the patient was again prescribed 12 sessions of physical therapy, but had only completed 2. These physical therapy notes were not available for review and there was no discussion in any of the subsequent records that state the patient had completed these sessions. As such, the request for post-op physical therapy to the right shoulder is non-certified.