

<b>Case Number:</b>	CM13-0005573		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	07/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2013

### 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 Orthopaedic Surgery 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 injured worker is a 35 year-old male who sustained an injury on March 4, 2013. The mechanism of injury is reported as pulling and strain to the right shoulder. The diagnosis is listed as a sprain/strain of the shoulder and the rotator cuff. Twelve (12) sessions of physical therapy were certified on July 08, 2013. A request for additional physical therapy to the right shoulder was not certified. A request for surgical consultation was submitted in November, 2013 and it was noted that at that point, the injured worker was postoperative relative to the shoulder. In September 2013, a rotator cuff repair and a glenoid labral repair were completed. It was further noted that postoperatively there was a decrease in the right shoulder range of motion. Multiple sessions of physical therapy have been completed. Subsequent to the surgical intervention the use of a "pain pump" and the continuous passive motion machine for the right shoulder were not certified in the preauthorization process.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY 3X8 FOR THE RIGHT SHOULDER: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202-203, Postsurgical Treatment Guidelines.

**Decision rationale:** The medical records presented for review indicate that twelve (12) sessions of physical therapy postoperatively have been added. It was also noted that this was not a complete rupture of the rotator cuff, but only 30% tear of the rotator cuff. The MTUS Postsurgical Treatment Guidelines indicate that the postsurgical treatment for arthroscopic intervention can be many as twenty-four (24) visits; however, there needs to be a clinical assessment as to the effectiveness of these therapies rendered. Given that there has not been any data presented demonstrating that the physical therapy already completed has been effective, there is insufficient clinical data presented to support the need for repeating what could possibly be failed interventions. Therefore, based on this lack of clinical information, the request is not certified.