

<b>Case Number:</b>	CM13-0007504		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	10/15/2011
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	07/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 56 year old with an injury date on 10/15/11. Based on the 3/4/13 progress report provided by [REDACTED] the diagnoses are biceps tendon long head, subscapularis, supra spinatus and impingement syndrome. The examination on 1/7/13 showed "range of motion of right shoulder at 130 degrees with forward elevation, and 30 degrees with external rotation arm at side. Pain present. The patient showed normal strength but abnormal lift off test and belly test." On 1/29/13, patient underwent right shoulder rotator cuff repair, right shoulder long head of biceps tendosis, and right shoulder arthroscopic acromioplasty. The patient had 12 sessions of physical therapy from March 2013 to April 2013 for range of motion. [REDACTED] is requesting physical therapy 2x week x 6 weeks for the patient's right shoulder. The utilization review determination being challenged is dated 7/10/13. [REDACTED] is the requesting provider, and he provided treatment reports from 1/7/13 to 1/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TWICE A WEEK FOR SIX WEEKS FOR THE RIGHT SHOULDER:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** According to the 1/7/13 report by [REDACTED], this patient presents with "unchanged symptoms, still has shoulder discomfort. Neck is non-tender and has a full range of motion. The right shoulder has no swelling, redness, ecchymosis, or deformity. There is tenderness across the shoulder. No crepitation. Can flex and abduct to 110 degrees and has impingement beyond that. Pain with external rotation." The patient is s/p shoulder surgery from 1/29/13 for acromioplasty and rotator cuff repair. The request is for physical therapy 2x week x 6 weeks for the patient's right shoulder. The patient was scheduled to have 12 sessions of physical therapy starting 3/14/13 for range of motion per 3/4/13 report. On 4/17/13, the patient was "progressing with physical therapy" and began home stretching program for right shoulder. On 6/5/13, the patient is "improving and responding to treatment." with less pain, no need of narcotics. In the 6/5/13 report, [REDACTED] requested "12 more physical therapy visits which will begin in 7 weeks to begin a strengthening component." California MTUS guidelines state for rotator cuff syndrome/Impingement syndrome and arthroscopic shoulder surgery, 24 physical therapy visits over 14 weeks is recommended over a treatment period of 6 months. In this case, the provider has asked for 12 additional sessions of physical therapy which are reasonable and within California MTUS guidelines. Recommendation is for authorization.