

<b>Case Number:</b>	CM13-0013495		
<b>Date Assigned:</b>	02/04/2014	<b>Date of Injury:</b>	04/03/2011
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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, 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 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.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 47-year-old with a date of injury of 04/03/2011. Patient has a diagnosis of right shoulder impingement and is status post ulnar shortening osteotomy/repair of the TFC (07/12/2012). According to [REDACTED] report, dated 04/18/2013, patient has completed 4 physical therapy sessions for the right shoulder. The progress report, dated 06/05/2013 by [REDACTED] shows that the patient has on-going significant impingement of the right shoulder. ROM (range of motion) showed actively forward flex to 170, abduction/external rotation to 90. There is tenderness over the anterior lateral aspect of shoulder. Good strength and surapsinatus testing noted. [REDACTED], in her most recent report dated 07/09/2013, requests 8 additional physical therapy sessions to address patient's pain and for strengthening. Medical records show patient has received 23 post operative PT (physical therapy) sessions for the upper extremity. An additional 4 sessions targeting the shoulder symptoms were completed on 04/18/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight sessions of physical therapy for rotator cuff strengthening and scapular stabilization:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Guidelines, Physical Medicine Guidelines Section Page(s).

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

**Decision rationale:** Patient has a diagnosis of right shoulder impingement and is status post ulnar shortening osteotomy/repair of the TFC (07/12/2012). Medical records show patient has received 23 post operative PT (physical therapy) sessions for the upper extremity. An additional 4 sessions targeting the shoulder impingement were completed on 04/18/2013. The progress report, dated 06/05/2013 by [REDACTED], shows that the patient has on-going significant impingement of the right shoulder. ROM showed actively forward flex to 170, abduction/external rotation to 90. There is tenderness over the anterior lateral aspect of shoulder. The patient was then referred back to [REDACTED] for continued care. [REDACTED] indicates on 07/09/2013 that the patient responded well to subacromial injection and has more of a rotator cuff problem than a labral tear problem. His examination showed positive impingements but full ROM (range of motion). The treater does not discuss why a formalized therapy is needed, other than for pain and strengthening, and does not discuss why this cannot be accomplished through the patient's home exercise program that should have been incorporated into the post-op PT and that of the most recent active PT sessions. The Chronic Pain Medical Treatment Guidelines guidelines do not recommend more than 8-10 sessions for myalgia/myositis type of pain condition. The patient has had adequate post-operative therapy from 2012. The patient also completed a short course of 4 sessions several month prior. The patient has not had a new injury, a change in diagnosis or decline in function to require formalized therapy. The current request for 8 sessions, when added to the recent recent 4 (totaling 12), would exceed what is recommended by the Chronic Pain Medical Treatment Guidelines for musculoskeletal pain condition. The request for eight sessions of physical therapy for rotator cuff strengthening and scapular stabilization is not medically necessary or appropriate.