

<b>Case Number:</b>	CM13-0013983		
<b>Date Assigned:</b>	10/02/2013	<b>Date of Injury:</b>	12/18/2012
<b>Decision Date:</b>	02/17/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### 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 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 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 41 year-old injured worker with a work-related injury of 12/20/2012. The patient reports complaints of right elbow pain, right shoulder pain and right wrist pain. Physical exam was negative; patient was prescribed physical therapy and Ibuprofen. Diagnosis included wrist pain, elbow pain, shoulder pain. The patient was treated with conservative care and underwent MRI of the right shoulder; impression was listed as partial thickness rotator cuff tear Type II SLAP tear. The patient was referred to an Orthopedist regarding Rotator cuff tear. The treating provider prescribed Levthyroxine 0.08mg. The patient had a right shoulder arthroscopy debridement, decompression, including labral tear and impingement repair, dated 04/12/13. PTP PR2 05/30/13, notes, "follow up after arthroscopic right shoulder surgery including rotator cuff repair. Patient making slow progress with PT she has used her allotted visits and still has a limited ROM in addition to strengthening program that will be required prior to her release to regular work". Office visit dated 07/18/2013, the patient was seen for follow up, condition was unchanged recommendations are the same.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight physical therapy sessions for the right upper extremity, shoulder:** Overturned

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

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

**Decision rationale:** Based on the medical records provided for the review, the patient had surgery on 4/12/2013. The patient completed 12 sessions of physical therapy. The PTP stated the physical therapy was going slowly, however, the patient did have a ROM of 160 degrees in flexion and good ROM in other directions. Physical therapy reports indicate progress over the 12 sessions. The PTP asked for 8 additional sessions of physical therapy to increase ROM. The MTUS Post Surgical Guides allow for 24 visits for rotator cuff syndrome/impingement syndrome over a 6-month period. The request for 8 sessions is appropriate in this patient as they have shown to improve with physical therapy and the number of visits still falls within guidelines. The request for eight sessions of physical therapy for the right shoulder upper extremity is medically necessary and appropriate.