

<b>Case Number:</b>	CM13-0022843		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	02/15/2013
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 and Pain Management, 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 49 year-old male with the date of injury of 02/15/2013. The patient presents with pain in his right shoulder. The patient feels weak and limited end range of motion with elevation of 150 degrees. There is minimal swelling and mildly tenderness over the right shoulder. The patient rates his sharp pain as 6/10 on the pain scale with lifting and raising his arm. MRI from 03/20/2013 reveals severe AC joint arthrosis. Per 08/12/2013 progress report, "the patient does not feel safe returning to work environment even in modified capacity." Diagnosis on 08/12/2013 is s/p right shoulder rotator cuff repair and superior label repair with significant stiffness. The utilization review determination being challenged is dated on 08/23/2013. Treatment reports were provided from 03/20/2013 to 08/12/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week times 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/> Shoulder Disorders, Table 2; Summary of Recommendations

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Shoulder (Post-surgical MTUS) Page(s): 26-27.

**Decision rationale:** The patient presents with pain in his right shoulder. The request is for 12 sessions of physical therapy. MTUS guidelines allow 24 visits of physical therapy over 14 weeks for postsurgical treatment following rotator cuff repair on 04/23/2013 and the request is within post-operative time-frame. The utilization review letter on 08/23/2013 indicates that the patient has had a total of 22 sessions of physical therapy for post-op treatment. MTUS guidelines for post-op rotator cuff repair recommend up to 24 sessions. MTUS guidelines pages 26-27 allow 24 visits of physical therapy over 14 weeks as post-op treatment for Rotator cuff syndrome/Impingement syndrome surgery. Per 08/12/2013 progress report, the treating physician states that "the patient still requires supervised therapy and time for home exercising program to be able to recover from his extensive surgery." In this case, the requested 12 sessions combined with already received 22 sessions would exceed what is recommended by MTUS for this type of surgery. The treating physician does not explain why the patient is not able to transition into a home program. The request is not medically necessary and appropriate.