

<b>Case Number:</b>	CM13-0036893		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	01/13/2010
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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, and is licensed to practice in Illinois, Indiana, and Texas. 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 62-year-old male who reported an injury on 1/13/10 after lifting signs and falling on his left shoulder. The patient ultimately underwent a left shoulder rotator cuff repair in July of 2010. Surgical intervention was followed by postsurgical physical therapy. Due to long-standing shoulder pain that surgical intervention and postoperative physical therapy failed to resolve, the patient underwent an MRI that revealed a moderate full thickness tear of the supraspinatus, and acromioclavicular joint degenerative arthrosis. The patient ultimately developed pain in the right shoulder. The patient underwent an MRI of the right shoulder that revealed moderate to full thickness tear of the anterior supraspinatus and mild subacromial bursitis with moderately severe acromioclavicular degenerative arthrosis. The patient's most recent clinical examination findings revealed left shoulder range of motion deficits to include 170 degrees in abduction, 170 degrees in flexion, 80 degrees in external rotation, and 70 degrees in internal rotation with tenderness over the anterior aspect with a positive Yergason's test. Examination of the right shoulder revealed tenderness over the acromioclavicular joint with positive impingement, and Neer's, Hawkins and Yergason's signs. Range of motion was 120 degrees in abduction, 130 degrees in flexion, 60 degrees in external rotation, and 50 degrees in internal rotation. The patient's diagnoses included status post left shoulder arthroscopic surgery with rotator cuff repair, shoulder impingement, full thickness tear, and left shoulder impingement with rotator cuff tendonitis and a full thickness rotator cuff tear. The patient's treatment plan included bilateral physical therapy.

### 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 shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** The California Medical Treatment Utilization Schedule does recommend physical medicine for patients with pain and range of motion deficits. The Official Disability Guidelines recommend that a total of up to ten visits based on a six-visit clinical trial provides significant objective functional benefit for this type of injury. The clinical documentation submitted for review does provide evidence that the patient has had extensive physical therapy. It is unclear if the patient has received any prior treatment for the right shoulder. Therefore, a clinical trial would be appropriate for this patient; however, the request is in excess of the recommended six visit clinical trial. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the request is not medically necessary or appropriate.

**eight physical therapy sessions for the left shoulder:** Upheld

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

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

**Decision rationale:** The clinical documentation submitted for review does provide evidence that the patient has had extensive physical therapy to the left shoulder. The California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during supervised skilled therapy. The clinical documentation submitted for review does not provide any evidence that the patient is participating in a home exercise program. Although a short course of treatment may be indicated to re-establish and re-educate the patient in a home exercise program, the request for eight physical therapy sessions is in excess of this recommendation. As such, the request is medically necessary or appropriate.