

<b>Case Number:</b>	CM13-0045361		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/02/2011
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 & Rehabilitation 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 55-year-old with a reported date of injury of 11/02/2011. The patient was working for ██████████ to do flood restoration. The patient was laying out carpet mats and when he pulled to get it off the roll, he felt a pop in the shoulder. The patient's first surgery was 03/12/2012 to repair the left rotator cuff and subacromial decompression. The second surgery was 08/05/2012. The patient has a diagnosis of a rotator cuff syndrome status post left rotator cuff repair/arthroscopy. The patient continues to have pain to the left shoulder along with tingling throughout left arm since the surgery. He was seen on 10/09/2013 for a follow-up appointment. The patient had some burning in upper arm after adding resistant exercises, unable to tell if it was muscular or nerve symptoms. The patient had to increase Tramadol over the weekend due to the increased soreness. It was an acromioplasty and labral repair, synovectomy. On exam, muscle testing on the left shoulder abduction was 4/5. Shoulder flexion, which was limited due to pain, was also 4/5. As of 10/28/2013, the patient has had 47 of 50 physical therapy sessions. The patient complained of pain/weakness to left shoulder following a recent rotator cuff and labral repair. Range of motion is good. The patient has muscular restrictions due to guarding. Left active range of motion is 165 degrees. Abduction is 165 degrees. External rotation is 65 degrees and internal rotation is 60 degrees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy three times a week for four weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines.

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

**Decision rationale:** The request is non-certified. The patient is a 55-year-old diagnosed with status post left rotator cuff repair. The patient has continued to complain of pain to the left shoulder area along with some tingling since surgery. The patient has attended 47 of 50 physical therapy sessions while still having complaints of pain and some limitations noted. It is noted in the documentation that range of motion to the right arm is good. California Guidelines do recommend physical therapy is beneficial for restoring flexibility, strength, endurance, function and range of motion, and can alleviate discomfort. The patient has attended 47 of 50 physical therapy sessions with some improvement but also still having pain and slight limitations since the left rotator cuff repair. The documentation provided does not show significant progress in therapy. Therefore, the request for physical therapy 3 times a week for 4 weeks in non-certified.