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| <b>Case Number:</b>   | CM13-0049990 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 03/09/2011 |
| <b>Decision Date:</b> | 05/27/2014   | <b>UR Denial Date:</b>       | 10/08/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/08/2013 |

### 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 & 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 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 51 year old with an injury date of 3/9/11. Based on the 9/20/13 progress report provided by [REDACTED], the diagnoses are industrial cervical spine sprain/strain superimposed on C4-C5 disc protrusion with radiculopathy and industrial left shoulder partial-thickness rotator cuff tear with chronic rotator cuff impingement. A left shoulder MRI on 3/20/13 showed a small intrasubstance tear of the mid-portion of the supraspinatus tendon. No previous therapy reports were provided. [REDACTED] is requesting post operative physical therapy 3 times per week for 3 weeks for the patient's left shoulder. The utilization review determination being challenged is dated 10/8/13 and recommends denial of the physical therapy. [REDACTED] is the requesting provider, and he provided treatment reports from 2/9/13 to 11/13/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**"Associated surgical service" POST OPERATIVE PHYSICAL THERAPY FOR THE LEFT SHOULDER (3 TIMES PER WEEK FOR 3 WEEKS): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 27.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

**Decision rationale:** According to the 2/20/13 progress report, the patient presents with headaches (intermittent, daily, left-sided), neck and left shoulder pain fluctuating between 5 to 8 on scale of 10, left arm pain/paresthesias, and upper back pain. The request is for post operative physical therapy 3 times per week for 3 weeks. A review of the medical records provided for review shows that shoulder surgery is not yet done and the 10/17/13 report actually states that the requested shoulder surgery was denied. The patient does not appear to have had any recent physical therapy. The MTUS Postsurgical Treatment Guidelines support post-operative therapy to help with post-surgical recovery. However, in this case, the requested shoulder surgery has been denied and there is no evidence that this patient has had shoulder surgery. Post-operative therapy would not be indicated until the patient has had surgery. The request is not medically necessary and appropriate.