

<b>Case Number:</b>	CM13-0054351		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/20/2012
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases, 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 25-year-old male who reported an injury on 08/20/2012 due to lifting a heavy box that reportedly caused injury to the patient's neck and shoulder. The patient was treated conservatively with physical therapy and medications. The patient ultimately underwent left shoulder arthroscopy with rotator cuff repair followed by a course of postoperative physical therapy sessions. His most recent clinical documentation noted that the patient had 4/10 to 9/10 pain, exacerbated by repetitive movements. It was also documented that the patient was participating in a home exercise program. The patient's physical findings included restricted range of motion, the left shoulder described as 150 degrees in active flexion, 65 degrees in external rotation, 40 degrees in internal rotation, and mild pain with rotator cuff testing with a positive impingement sign and 4/5 strength. The patient's treatment plan included continuation of physical therapy to improve range of motion and strength.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy, 3 times a week for 4 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24..

**Decision rationale:** The clinical documentation submitted for review does provide evidence that the patient has participated in approximately 20 postsurgical physical therapy visits. The clinical documentation also indicates that the patient does have some functional deficits that would benefit from additional therapy. The California Medical Treatment Utilization Schedule recommends up to 24 visits of physical therapy. Therefore, an additional 4 visits of physical therapy would be indicated for this patient to continue to address functional deficits, adequately establish a home exercise program, the patient can maintain improvement levels obtained during skilled supervised therapy. However, the requested 12 additional treatments of physical therapy in combination with prior physical therapy exceeds this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested physical therapy 3 times a week for 4 weeks is not medically necessary or appropriate.