

<b>Case Number:</b>	CM13-0063583		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/04/2012
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 Rheumatology and is licensed to practice in Maryland. 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:

This patient is a 37 year old female with date of injury 11/4/12. The mechanism of injury is not described in the available medical records. The patient has complained of shoulder pain since the date of injury. She has been treated with surgery in 05/2013 to include an arthroscopic subacromial decompression and rotator cuff repair. Status post surgery, she has been treated with medications and physical therapy and has completed 24/24 postoperative physical therapy sessions. Objective: left shoulder: mild decrease in flexion, abduction and moderate decrease in external rotation. Diagnoses: left shoulder status post rotator cuff repair. Treatment plan and request: additional physical therapy treatments 2 times per week for 3 weeks. &#x2013;

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy 2xweek x 3 weeks Left Shoulder:** Upheld

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

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

**Decision rationale:** This patient is a 37 year old female with left shoulder pain since date of injury 11/4/12. She has been treated with surgery in 05/2013 to include an arthroscopic subacromial decompression and rotator cuff repair. Per the MTUS guidelines cited above passive

therapy is recommended for the early/ acute phase of treatment. This patient has previously been treated with physical therapy sessions (24) during the acute post operative phase of treatment. There is inadequate documentation supporting why the patient cannot continue shoulder rehabilitation on a home exercise program, which is recommended for physical therapy treatment beyond the post operative period. On the basis of the MTUS guidelines and the patient's previous treatments, the request for additional physical therapy is not indicated as medically necessary.