

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0064699 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 06/18/2013 |
| <b>Decision Date:</b> | 04/04/2014   | <b>UR Denial Date:</b>       | 11/22/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/12/2013 |

### 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 and Rehabilitation, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of June 18, 2013. A utilization review determination dated November 22, 2013 recommends noncertification of 8 visits of physical therapy. Noncertification of physical therapy is based upon the lack of documentation regarding the outcome of previous physical therapy sessions. A physical therapy evaluation dated November 20, 2013 indicates that the patient is status post rotator cuff repair and distal clavicle resection on November 14, 2013 and is currently wearing a sling at all times. The note indicates that the patient requires assistance with all activities of daily living. Objective treatment goals include reducing pain complaints, improving range of motion, improving strength, and providing independence with a home exercise program. A procedure report dated November 14, 2013 indicates that the patient underwent left shoulder surgery including subacromial decompression, repair of supraspinatus tendon, and debridement of subscapularis and the labrum.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for physical therapy twice a week for four weeks for the left shoulder:**

Overtured

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200, Postsurgical Treatment Guidelines Page(s): 10-12, 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy

**Decision rationale:** Regarding the request for physical therapy, 2x4, right shoulder, California MTUS supports up to 24 sessions after shoulder surgery for rotator cuff injury, noting that an initial course of therapy consisting of half that amount may be prescribed and, with documentation of functional improvement, a subsequent course of therapy shall be prescribed. Within the documentation available for review, there is documentation of 1 post-surgical physical therapy visit. There is no documentation of any additional post-surgical therapy sessions. Functional deficits in strength and range of motion have been documented with reasonable treatment goals. Physical therapy following surgery is not contingent upon the patient's response to pre-surgical physical therapy. The currently requested number of visits (8) is within the initial number (12) recommended by guidelines following this surgical procedure. In light of the above, the currently requested physical therapy, 2x4, right shoulder is medically necessary.