

<b>Case Number:</b>	CM13-0065612		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/22/2013
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 Pediatric Rehabilitation Medicine and is licensed to practice in Illinois and Texas. 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 51-year-old male who reported an injury on 01/22/2013, after a slip and fall that reportedly caused injury to his right shoulder. The patient ultimately underwent arthroscopic exploration of the right shoulder with rotator cuff repair, subacromial decompression, bursectomy, and resection of the coracoacromial ligament in 04/2013. The patient participated in postoperative physical therapy. The patient's last known physical therapy was on 09/11/2013. It was documented that the patient had previously participated in 24 visits of postsurgical physical therapy. The patient's most recent clinical documentation noted that the patient had limited range of motion described as 150 degrees in abduction, 40 degrees, in abduction, and 70 degrees in internal and external rotation, with a positive Hawkins sign and painful arc of motion. The patient's diagnosis included right shoulder rotator cuff tear. The patient's treatment plan included an additional 12 sessions of physical therapy and an MRI of the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks for the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines.

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines recommends that patients participate in 24 visits of surgical physical therapy for surgical intervention of an impingement syndrome. The clinical documentation submitted for review does provide evidence the patient had recently participated in 24 visits of postsurgical physical therapy for the right shoulder. The requested additional 12 sessions would exceed this recommendation. There are no exceptional factors provided to support extending treatment beyond guideline recommendations. Furthermore, the MTUS Guidelines recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does not provide any evidence that the patient is participating in a home exercise program that could address remaining deficits. The request for physical therapy 2 times a week for 6 weeks for the right shoulder is not medically necessary and appropriate.