

<b>Case Number:</b>	CM13-0071731		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	02/24/2012
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 and Rehabilitation has a subspecialty in Interventional Spine 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 43 year old male with a date of injury of 02/24/2012. The listed diagnoses per [REDACTED] are adhesive capsulitis, subacromial impingement syndrome, rotator cuff tear, distal biceps tendon rupture and reflex sympathetic dystrophy of upper limb. According to report dated 12/9/2013 by [REDACTED], the patient presents for re-evaluation of right shoulder pain. He is approximately 6 months status post right shoulder arthroscopy, subacromial decompression and debridement. The main deficit is his right arm weakness and pain with overhead lifting. He also has decreased range of motion. Examination of the shoulder revealed "mild shoulder swelling, atrophy of biceps, mild discomfort with full shoulder FE and IR; Abd 90, ABER 90, ABIR 90, 4/5 Abd, 5/5 ER, 4/5 biceps, 5/5 triceps, supination 70, pronation 80, full digital motion and symmetric sensation."

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SIX POST OPERATIVE PHYSICAL THERAPY FOR THE RIGHT SHOULDER:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** For Rotator cuff syndrome/Impingement syndrome post-operative therapy, MTUS guidelines recommends up to 24 sessions over 14 weeks with 6 months time-frame. In this case, physical therapy progress report from 10/22/2013, states patient has had 64 total visits to date. Extension certification by [REDACTED] dated 08/14/2013 states patient has had total of 26 post operative physical therapy for the right shoulder. The medical records indicate that the treating physician is concerned about the patient's continued pain and ROM limitations. However, this patient has had more than adequate therapy and the treating physician does not explain what can be accomplished with additional therapy at this juncture. The patient should be able to perform exercise at home at this point. The request for six additional post operative physical therapy for the right shoulder is not medically necessary and appropriate.