

<b>Case Number:</b>	CM14-0001154		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 Orthopedic Surgery 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:

According to the records made available for review, this is a 45-year-old male with a 2/21/13 date of injury, and left shoulder rotator cuff repair 8/13/13. At the time (12/2/13) of request for authorization for Additional Physical Therapy 3 times per week for 4 weeks to the left shoulder, there is documentation of subjective (pain in the bilateral shoulder and neck) and objective (limited range of motion in his shoulders, positive impingement sign, and tenderness in both shoulders) findings, current diagnoses (bilateral shoulder impingement and rotator cuff tear, arthroscopic procedure, left shoulder), and treatment to date (39 post operative physical therapy sessions to the left shoulder).

### 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 PER WEEK FOR 4 WEEKS TO LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98, Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** MTUS Postsurgical Treatment Guidelines identifies up to 24 visits of post-operative physical therapy over 14 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of bilateral shoulder impingement and rotator cuff tear, arthroscopic procedure, left shoulder. In addition, there is documentation of status post left shoulder rotator cuff repair on 8/13/13. In addition, there is documentation of 39 post operative physical therapy sessions completed to date, which exceeds guidelines. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of postoperative Physical Therapy (PT) provided to date. Therefore, based on guidelines and a review of the evidence, the request for Additional Physical Therapy 3 times per week for 4 weeks to the left shoulder is not medically necessary.