

<b>Case Number:</b>	CM14-0001937		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	05/14/2012
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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 Occupational Medicine 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 52-year-old female with a 5/14/12 date of injury. At the time of request for authorization for Physical medicine x 40 sessions over 16 weeks (electrical muscle stimulation, infrared, myofascial release, therapeutic activities/wall climbs, 3 mins) to the right shoulder, there is documentation of subjective (constant pain of the right shoulder aggravated by movement) and objective (patient wearing a shoulder sling, post-surgical scars on the right shoulder, spasm and tenderness of the rotator cuff and upper shoulder musculature, positive Codman's, Speed's and supraspinatus tests, and decreased right shoulder range of motion) findings. The current diagnoses are status post right rotator cuff surgery on 11/21/13, rotator cuff syndrome, and adhesive capsulitis of the right shoulder. The treatment to date is a home exercise program. In addition, 12/11/13 medical report plan identifies an initial course of 40 post operative therapy sessions for the right shoulder for complete rupture of rotator cuff.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FORTY PHYSICAL MEDICINE SESSIONS OVER SIXTEEN WEEKS (ELECTRICAL MUSCLE STIMULATION, INFRARED, MYOFASCIAL RELEASE, THERAPEUTIC ACTIVITIES/WALL CLIMBS, 3 MINS) TO THE RIGHT SHOULDER: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Pain, Suffering and The Restoration of Function Chapter (page 114), ODG Shoulder Chapter, Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** The California 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 status post right rotator cuff surgery on 11/21/13 and a 12/11/13 request for (initial course) 40 post operative therapy sessions for the right shoulder for complete rupture of rotator cuff. However, despite documentation of a plan identifying 40 post operative therapy sessions for the right shoulder for complete rupture of rotator cuff, and given documentation that the patient had right shoulder surgery to repair a torn rotator cuff tendon with no documentation of an operative report, there is no (clear) documentation of pathology any more extensive than a partial tear, where guidelines identify up to 24 visits for the general course of therapy. In addition, the proposed number of sessions exceeds guidelines for an initial course. Therefore, based on guidelines and a review of the evidence, the request for Physical medicine x 40 sessions over 16 weeks (electrical muscle stimulation, infrared, myofascial release, therapeutic activities/wall climbs, 3 mins) to the right shoulder is not medically necessary