

<b>Case Number:</b>	CM14-0102657		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	06/11/2012
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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 Physical Medicine and Rehabilitation 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:

This is a 58-year-old gentleman with a date of injury of 6/11/12. Mechanism of injury was lifting a heavy roll of fabric. The patient had conservative care, but due to persistent symptoms, an MRI was done. MRI showed a Rotator cuff disease (RTC) tendinosis and tear and moderate impingement. Surgery was performed in November of 2013. Post-op therapy was initiated. An agreed medical examination was done on 4/22/14. At that time, range of motion (ROM) was still significantly impaired with only 90 degrees of abduction and 100 of flexion. Strength was significantly impaired with on 2/5 right deltoid, flexion, internal rotation, and external rotation strength. In addition to the shoulder injury, the AME documented diagnoses of cervical/lumbar strain. The AME states that the patient will require revision surgery of the right shoulder and an updated MRI. 5/14/14 PR-2 follow-up notes the AME evaluation. The treatment plan on this report is unclear due to illegibility of the report due to handwritten notes. 6/11/14 follow-up notes that ROM is improved with 135 degrees of flexion and 140 degrees of abduction. This was submitted to Utilization Review. Though none of the submitted reports document the number of post-op physical therapy (PT) sessions completed, the UR advisor denied additional PT on a basis of no clear deficits that could not be addressed by an independent exercise program. Manual count of submitted PT reports reflects that 11 sessions of PT were done, but this certainly does not confirm that only 11 post-op PT sessions have been done.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 1 time per week times 6 weeks right shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 99. Decision based on Non-MTUS Citation Official disabilities guidelines

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27-28.

**Decision rationale:** Guidelines recommend up to 24 sessions of PT following this type of surgery. Surgery was done in November of 2013. The number of post-op PT sessions is not disclosed in submitted reports. An AME was done in April of 2014, and due to significantly impaired range and motor function (90 degrees of abduction, 100 of flexion, and 2/5 MMT), the AME anticipated that revision surgery would be necessary. Subsequent reports from the PTP then reflected that the patient began having an increase in range with flexion improving to 140 degrees. Guidelines also recommend up to 16 sessions of PT for adhesive capsulitis. A short extension of PT would be a better alternative to revision surgery if the patient is now making good progress. PT 1 times 6 for the right shoulder is medically necessary.