

<b>Case Number:</b>	CM14-0013289		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	07/25/2005
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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:

This 53-year-old female sustained an industrial injury 7/25/05. The mechanism of injury is not documented. The patient underwent left shoulder arthroscopic debridement of anterior superior labral tear and partial rotator cuff tear, and subacromial decompression on 8/29/13. Records indicated that the patient attended 22 of 24 authorized post-op physical therapy sessions as of 1/10/14. Progression in range of motion was not evident into December, with the treating physician recommending focus on range of motion and less on palliative physical therapy (massage) treatment. The 1/13/14 progress note documented the patient was continuing to struggle with her shoulder. The prior cortisone injection had helped for about 3 weeks. Physical exam findings documented forward flexion to 135 degrees, external rotation to 50, and internal rotation to the low lumbar level, with pain at the extremes of motion. The treatment plan recommended one more cortisone injection because she is improving. She had lost confidence in her therapist and wanted to try another approach. The treating physician recommended trying a different therapist for 12 additional visits to see if further progress could be made. The 1/23/14 utilization review denied the request for additional physical therapy based on a lack of prior response and considering guideline recommendations for 24 visits. The 2/24/14 progress note indicated that the patient did not receive additional authorization for physical therapy. Pain was reported on the anterior side of the left shoulder that radiates to the axillary section, down the left side of her rib cage, and up her cervical spine. Her range of motion was declining with forward flexion to 130 degrees. External rotation and internal rotation were unchanged with all ranges very tight.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 PHYSICAL THERAPY SESSIONS:** Upheld

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

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

**Decision rationale:** Under consideration is a request for 12 additional physical therapy sessions. The California MTUS Post-Surgical Treatment Guidelines for rotator cuff/impingement syndrome suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The post-surgical physical medicine period would have continued through 2/28/14. Guideline criteria have not been met. This patient presented with residual functional limitation in left shoulder range of motion following 22 visits of physical therapy. The treating physician anticipated that additional functional improvement could be accomplished with proper rehabilitation technique. However, the combination of subjective and objective findings did not appear to have been of a severity that would warrant other than a prescribed and self-administered therapy protocol, at that point in time. Therefore, this request for 12 additional physical therapy sessions is not medically necessary.