

<b>Case Number:</b>	CM14-0016996		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	09/15/2009
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Hand Surgery and is licensed to practice in Texas and Ohio. 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 injured worker is a 28-year-old male who reported an injury on 09/15/2009. The mechanism of injury was lifting heavy boxes that resulted in a pulling and yanking of his left shoulder. The injured worker sought medical treatment where he received x-rays of the left shoulder that were negative, provided a sling, medication, and work restrictions. Despite this conservative care, the injured worker's pain continued to persist and, therefore, he received an MRI of the left shoulder in 11/2009. This study revealed a rotator cuff tear which led to a surgical repair, on 03/02/2010. The injured worker received an appropriate course of postoperative physical therapy and returned to work with restrictions. In late 2010, the injured worker experienced a re-injury of the left shoulder, underwent a repeat MRI, which revealed another tear. The injured worker then underwent a second surgical repair on 01/31/2011, with another course of postoperative physical therapy. The injured worker again re-injured his left shoulder while moving large pieces of furniture in mid 2012, for which another MRI was done and revealed another rotator cuff tear. The injured worker received another surgical repair of the left shoulder on 01/30/2013, and another course of postoperative physical therapy. Due to the failure of symptoms to resolve, the injured worker received a repeat MRI in 10/2013 that demonstrated a recurrent tear in the same place of previous surgery. The most comprehensive physical examination was obtained on 01/08/2014 and revealed normal reflexes, normal muscle strength, but decreased grip strength. Shoulder range of motion was not recorded, however. At that time, the injured worker was diagnosed with left shoulder tendinitis/bursitis and was not recommended for additional surgery. He was referred for another course of physical therapy and a home exercise kit, and was provided with medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY (3X4) FOR THE LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The California MTUS/ACOEM Guidelines recommend up to 10 visits of physical therapy for an unspecified myalgia or myositis, after an initial 6 sessions have been determined to be effective. Although the injured worker continues to have pain, the most recent clinical note dated 02/05/2014 indicated that the injured worker has flexion and abduction of over 120 degrees, with left deltoid strength of 4/5. Although physical therapy may be used to increase strength and range of motion, the current request for 12 sessions exceeds guideline recommendations for an initial trial of 6, with a subsequent re-assessment. Additionally, due to the injured worker's extensive postoperative physical therapy to date, and the referral for a home exercise kit, it is appropriate that he continue on a home exercise program at this time. Due to the excessive amounts of physical therapy sessions received in the injured worker's physical therapy history and the excessive sessions requested at this time, the request for physical therapy 3 x4 for the left shoulder is non-certified.