

<b>Case Number:</b>	CM14-0017606		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	09/29/2012
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 ABFP, has a subspecialty in ABPM 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:

The patient is 49 yr. old male who sustained a work injury on 9/29/12 involving the neck, back and right shoulder. He had a diagnosis of rotator cuff tear, adhesive capsulitis, cervical radiculopathy and lumbar radiculopathy. The patient had undergone over 20 sessions physical therapy, steroid injections and required a right shoulder arthroscopy. The treating physician requested a shoulder decompression surgery followed by post-operative therapy 3 times a week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **POST-OP PHYSICAL THERAPY 3 TIMES A WEEK FOR 4 WEEKS FOR THE RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Shoulder, Post-Surgical.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

**Decision rationale:** According to the ACOEM guidelines, physical therapy is indicated for impingement and rotator cuff tears. The treating physician was requesting post-operative therapy for which, the operation was not yet certified. The indication for decompression surgery is for

failure to increase range of motion, activity limitation for greater than 4 months, red flag conditions such as an acute tear in a young worker, etc). In this case, there is no indication that the patient has undergone surgery to require therapy. As a result, the request for therapy above is not medically necessary.