

<b>Case Number:</b>	CM14-0111788		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/18/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 a 35 year old with a work injury dated 2/18/13. The diagnoses include status post left carpal tunnel release and left shoulder arthroscopic SLAP repair with subacromial bursectomy, subacromial decompression, and left rotator cuff tear/repair. Under consideration is a request for physical therapy for two (2) times weekly for four (4) weeks, for the left shoulder. There is a PR-2 report dated 8/1/14 that states that the patient complains that the left hand still feels very weak. The tips of the fingers tingle. The left wrist is tender and sore with grasping. The patient complains of anterior left shoulder pain. The left shoulder pain eased with physical therapy but there is still decreased left shoulder range of motion. On exam the left shoulder reveals decreased flexion 160/180 and abduction at 160/180. External rotation is tight and sore at 80/90 and internal rotation limited at 70-80/90 with mild pain. Tender left subacromial region and tender left biceps tendon. There is tenderness at the left suprascapular and posterior shoulders. There is a request for additional post op therapy to the left shoulder, hand and wrist. Per documentation a 4/2/14 PR-2 report reveals that left shoulder flexion is 160 degrees, abduction is 150 to 160 degrees, external rotation tight and sore at 75 degrees and internal rotation at 70 degrees with mild pain. The documentation states that as of 05/30/14 the patient had persistent stiffness left shoulder, flexion 140 degrees, adduction 110 degrees, pain at extremes of motion. As of prior 6/16/14 utilization review the patient has had 23 post op physical therapy visits. A 6/14/13 Left shoulder MRI revealed a 2 cm wide tear with retraction of the supraspinatus with severe reduction of the subacromial space.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for two (2) times weekly for four (4) weeks, for the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Physical therapy for two (2) times weekly for four (4) weeks, for the left shoulder is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient has had 23 PT visits already but has made plateau in progress. Without evidence of efficacy of prior therapy the request for physical therapy for two (2) times weekly for four (4) weeks, for the left shoulder is not medically necessary.