

<b>Case Number:</b>	CM14-0114064		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/26/2013
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Pain Medicine, & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant sustained a work-related injury on 09/26/13 with injuries to the right knee and shoulder. Treatments included physical therapy for the knee. As of 10/31/13 he had attended four of five scheduled therapy treatments. He was having ongoing knee and shoulder pain. He had made only slight progress with therapy. He was seen by the requesting provider on 12/04/13. Imaging had shown medial meniscus degeneration with chondromalacia of the knee and labral degeneration in the shoulder. Authorization for right knee arthroscopic surgery was requested. He underwent the surgery on 02/24/14. When seen for post-operative follow-up on 03/26/14 there had been improvement. He was participating in postoperative physical therapy. He had continued complaints of right shoulder pain. On 05/21/14 he was happy with the results from the knee arthroscopy. He had ongoing shoulder pain. Imaging results were reviewed. He was having weakness and pain with range of motion and was requesting more aggressive treatment. Physical examination findings included pain with range of motion and acromioclavicular joint and biceps groove tenderness with positive Jobe test consistent with anterior instability. Recommendations included arthroscopic shoulder surgery with rotator cuff repair and subacromial decompression. On 04/23/14 additional testing was ordered. Physical therapy two times per week for four weeks following the planned right shoulder surgery was requested. Case notes reference denial of the requested arthroscopic surgery due to a lack of adequate conservative care. On 06/04/14 he had ongoing right shoulder pain and weakness after completion of six physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Medicine Procedure - 8 post-surgical physical therapy visits for the right shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

**Decision rationale:** The claimant is one year status post work-related injury and continues to be treated for chronic shoulder pain. Arthroscopic shoulder surgery with rotator cuff repair and subacromial decompression is being planned. Guidelines address the role of physical therapy following arthroscopic shoulder surgery for rotator cuff syndrome/impingement syndrome. The post-surgical treatment period is 6 months with up to 24 therapy visits over 14 weeks after surgery, although goals can usually be achieved with fewer visits than the maximum recommended. The requested number of post-operative therapy visits if the claimant were to undergo surgery is within accepted guidelines and therefore would be medically necessary,