

<b>Case Number:</b>	CM14-0119786		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	05/01/2007
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 49-year-old female with a reported date of injury on 05/01/2007. The mechanism of injury was due to cumulative trauma. Her diagnoses were noted to include bilateral impingement syndrome, rotator cuff tear, cervical and lumbar degenerative disc disease, status post right shoulder diagnostic and operative arthroscopy with endoscopic rotator cuff repair. Her previous treatments were noted to include physical therapy, acupuncture, surgery, and medications. The progress note dated 06/09/2014 revealed the injured worker was doing well after the right shoulder arthroscopy and reported she had started some courses of physical therapy. The physical examination of the right shoulder showed fully healed incisions and a forward elevation of 100 degrees and abduction of 115 degrees with a negative Neer's, Hawkin's, and O'Brian's. The physical therapy note dated 06/27/2014 revealed right shoulder range of motion were mildly restricted by pain and there was tenderness to palpation noted over the upper biceps muscle region. The progress note dated 07/11/2014 revealed the injured worker had done well postoperatively, however, continued to have deficits in range of motion as well as strength. The provider indicated the injured worker should have physical therapy and felt that the injured worker would be able to transition to a home physical therapy regimen after the current round of physical therapy. The provider indicated she had physical examination evidence of deficits in range of motion as well as evidence from her most recent physical therapy report that warranted more formal physical therapy. The Request for Authorization dated 07/15/2014 was for physical therapy 3 times 6 weeks for range of motion, stretching, and strengthening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 Postoperative physical therapy visits: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for 18 postoperative physical therapy visits is not medically necessary. The injured worker has received previous postoperative physical therapy. The postsurgical treatment Guidelines recommend for arthroscopic rotator cuff/impingement syndrome 24 visits over 14 weeks, with the postsurgical physical medicine treatment period of 6 months. The documentation provided physical therapy notes indicated no significant changes were noted in objective findings since the last treatment visit. There is a lack of quantifiable measureable objective functional improvements with previous physical therapies and the number of physical therapy sessions completed. There is a lack of documentation regarding current measureable functional deficits and quantifiable objective functional improvements with previous physical therapy sessions. Therefore, physical therapy is not appropriate at this time. As such, the request is not medically necessary.