

<b>Case Number:</b>	CM14-0121511		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/20/2013
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 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 injured worker is a 61-year-old male who reported an injury on 03/20/2013 due to an unknown mechanism. Diagnoses were left shoulder high grade partial tear rotator cuff with retraction of torn fibers, AC joint degenerative joint disease, and retraction of long head biceps tendon. Past treatments were physical therapy and an injection to the left shoulder. Diagnostic studies were MRI of the left shoulder that revealed a partial tear of the rotator cuff with retraction of torn fibers. Surgical history was left shoulder arthroscopy with acromioplasty on 04/16/2014. The injured worker had a physical examination on 01/21/2014 with complaints of left shoulder pain with popping, stabbing, warmth, and tenderness. The pain was rated an 8 on the VAS. The symptoms radiated up to the neck, and into the upper arm. Examination of the left shoulder revealed marked tenderness with palpation of the subacromial space primarily anterolaterally and slightly posteriorly. The injured worker continued to demonstrate tenderness over the acromial joint and also had some tenderness over the proximal biceps tendon. There was a positive impingement sign and positive supraspinatus sign. There was a positive acromial joint compression test on the left and a negative apprehension test. Forward flexion was to 70 degrees, extension was to 30 degrees, abduction was to 60 degrees, adduction was to 30 degrees, external rotation was to 40 degrees, and internal rotation was to 40 degrees. Medications were Flexeril and Norco. The treatment plan was for surgical intervention, and the rationale was not submitted. Additionally, the request for Authorization was submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy QTY:18:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling, and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. It was reported that conservative care had failed. The injured worker has had 24 visits of physical therapy with no improvement reported. Therefore, the request for physical therapy quantity 18, is not medically necessary.