

<b>Case Number:</b>	CM14-0121714		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/13/2012
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	07/09/2014
<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 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 51 year old female with a work injury dated 9/13/12. The diagnoses include industrial injury to the right shoulder with MRI studies on May 16, 2013 confirming full-thickness rotator cuff tear; status post right shoulder arthroscopy with mini open rotator cuff repair and biceps tenodesis on September 20, 2013. Under consideration is a request for additional physical therapy x12 sessions for the right shoulder. There is a primary treating physician report dated 3/31/14 that states that the patient presents to the clinic today for an orthopedic re-evaluation of the right shoulder. The patient is status post right shoulder diagnostic and operative arthroscopy with mini open rotator cuff repair on September 20, 2013. Clinically, the patient is doing well. She has progressed through range of motion and she has slowly begun strengthening. She continues to note extreme weakness in regard to the shoulder; however, she states that she is clinically improving and she is happy with her progress, although it has been slow she states. Physical exam findings of the right shoulder show well-healed arthroscopic portals and anterior incision, range of motion is 0 to 165 degrees of forward flexion and abduction and internal rotation is to L3. The treatment plan includes recommending that she has complete all the prescribed sessions of physical therapy. She has about three sessions left. Because of the extensive surgery and the fact that she has rotator cuff repair and the fact that she continues to have deficits in regard to strength, the provider is recommending formal physical therapy for another two times a week for six weeks for a total of 12 sessions. She does have a home physical therapy kit that is continuing to be beneficial for her; however, she continues to require formal physical therapy in order to receive instruction on how to better strengthen her shoulder. She continues to have deficits in this regard. Per documentation the patient has had 24 post op visits for her shoulder.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy x12 sessions for the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

**Decision rationale:** Additional physical therapy x12 sessions for the right shoulder is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation submitted reveals that the patient has had 24 prior PT sessions. The patient is out of the post operative therapy time frame. The recent documentation does not indicate significant deficits that require 12 more supervised therapy sessions. The patient should be well versed in a home exercise program. The request for 12 sessions of therapy exceeds the recommended number of up to 10 visits for this condition. The request for additional physical therapy x12 sessions for the right shoulder is not medically necessary.