

<b>Case Number:</b>	CM14-0134375		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	12/31/2012
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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, 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 patient is a 51-year-old female with a 12/31/12 date of injury; the patient slipped on black ice and fell backwards, striking the left shoulder on a vehicle and landing on the ground. The 7/8/14 progress note described complaints of left shoulder pain with catching sensation; low back pain with associated spasms. Clinically, there was decreased range of motion with forward flexion at 160/180 degrees, abduction at 110/180 degrees, internal rotation at 45/50 degrees, and external rotation at 35/90 degrees. Modified work was recommended. Treatment plan discussed PT for the left shoulder and lumbar spine. Diagnosis includes left shoulder subacromial impingement syndrome, possible rotator cuff tear of the supraspinatus tendon, lumbar musculoligamentous sprain or strain with buttock neurological symptoms and possible facet arthropathy, and mild stenosis at L4-5. Additional PT for the left shoulder was requested. 8/15/14 Progress note described frequent left shoulder pain (2/10), with associated soreness and tightness. There were complaints of 4/10 low back pain. The patient is currently attending PT. Clinically, there was forward flexion at 160/180 degrees, abduction at 115/180 degrees, internal rotation at 45/90 degrees, and external rotation at 45/90. Supraspinatus strength was 4/5. Additional PT was requested for both the shoulder and the low back. Treatment to date has included left shoulder arthroscopy on 4/30/14, preoperative PT and postoperative PT x30, and medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy twice a week for four weeks for the left shoulder: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009 9792.24.2 Page(s): 98-99, Postsurgical Treatment Guidelines.

**Decision rationale:** The patient underwent 30 sessions of PT following the 4/30/14 left shoulder surgery. The most recent note described some ongoing functional limitations, however there is no documentation of the specific functional gains from the rendered treatment. In addition, CA MTUS postoperative guidelines recommend up to 24 sessions of PT following surgical treatment of rotator cuff syndrome/Impingement syndrome. The patient has already exceeded guideline criteria and the request is not substantiated. As such, the request is not medically necessary.