

<b>Case Number:</b>	CM14-0135645		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 58 year old male with a work injury dated 9/3/13. The diagnoses include status post right shoulder arthroscopy with surgical release of long head biceps, debridement of degenerative SLAP (superior labral anteroposterior) tear, arthroscopic subacromial decompression, and a rotator cuff tear on 4/10/14 for a partial rotator cuff tear. Under consideration is a request for physical therapy 3x wk x 2 wks right shoulder. There is an orthopedic treating physician report dated 6/11/14 that state that he seems to be doing pretty well overall. He essentially has had improving motion at or above his shoulder and is not having the constant achy pain that he was having in his shoulder. He is progressing through the rehabilitation protocol for rotator cuff repairs in therapy. The physical examination of the right shoulder shows, again, his arthroscopic portal incisions are well-healed. He has ability to actively elevate his arm to about 170 degrees, abduct maybe 160 degrees, and internally rotate to about the mid to upper lumbar spine. He does not seem to have any obvious Popeye deformity of his biceps. He is neurologically intact C5 through T1. The plan states that the activity restrictions were reviewed with the patient. The patient understands the activity restrictions and the timeline that it takes to recover from rotator cuff repair. He understands this and will essentially start progressing toward strengthening once he is three months out from his surgery, which will be on 07/10/2014. A 7/23/14 document states that the examination of his right shoulder shows his arthroscopic portal incisions are well healed. He actually has full forward flexion and abduction to 180 degrees. He can externally rotate about 30 degrees. He can internally rotate to the mid lumbar spine. He seems to move his arm relatively comfortably. He has no scapulothoracic substitution with motion. His overall tenderness is much less as well. He has good strength against flexion, abduction, internal rotation. I did not really overpower his external rotation and

isolated empty can supraspinatus testing because of the nature of his rotator cuff repair surgery. There is no obvious Popeye deformity of his muscle. He is neurologically intact distally C5 through T1 to motor and sensory testing. The plan states that he should be now at a point where he can do full rotator cuff and scapular stabilizer strengthening. Per documentation the patient was authorized 16 visit of therapy. Per a 6/11/14 physical therapy progress note he has successfully completed 8 visits with continued improvement of his passive and active ROM (range of motion). His active-ROM for shoulder flexion is nearly full. However his active abduction still remains limited. On 7/3/14 he will be 12 weeks post op and resistive exercises will be added per protocol for a rotator cuff strengthening and scapular stabilization program.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy 3 times a week for 2 weeks for the right shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Physical Therapy.

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

**Decision rationale:** Physical therapy 3 times a week for 2 weeks for the right shoulder is medically necessary per the MTUS Post surgical guidelines. The patient has made progress in 16 visits of therapy. The guidelines recommend up to 24. An additional 6 visits is appropriate for his to ensure he is well versed in a home exercise program; benefits from the final phase of strengthening post rotator cuff repair which will prevent additional injury. The request for physical therapy 3 times a week for 2 weeks for the right shoulder is medically necessary.