

<b>Case Number:</b>	CM14-0157316		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	03/13/2012
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Occupational Medicine and is licensed to practice in Montana. 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 custodian with a right shoulder injury that occurred on 3/13/12. Treatment has included approximately 45 physical therapy sessions and corticosteroid injections. Electrodiagnostic testing showed no evidence for cervical radiculopathy but did show mild carpal tunnel syndrome. Right shoulder MRI would show partial thickness rotator cuff tears, degenerative glenohumeral and AC joint changes and degenerative labral tear. Request for arthroscopic right shoulder surgery has been approved. The primary treating physician has also requested postoperative physical therapy 5X2, then 3X4, and continuous passive motion (CPM) device to be rented for 21 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**#1 POST OP PT 5X2 THEN 3X4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The MTUS in the Post-Surgical Treatment Guidelines for rotator cuff syndrome/Impingement syndrome (ICD9 [REDACTED]; [REDACTED]), recommends postsurgical physical medicine treatment, arthroscopic: 24 visits over 14 weeks as a general course of therapy. Postsurgical physical medicine treatment period: 6 months. General course of therapy means the

number of visits and/or time interval which shall be indicated for postsurgical treatment for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section. Initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section. If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The request for postoperative physical therapy, 5x2, then 3x4 is not supported by the MTUS guidelines and is not medically necessary.

**CPM RENTAL X 21 DAYS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Continuous Passive Motion

**Decision rationale:** The MTUS does not specifically address the use continuous passive motion (CPM) devices. The ODG guidelines note that CPM is not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week. Rotator cuff tears: Not recommended after shoulder surgery or for nonsurgical treatment. The request for CPM rental x21 days is not medically necessary.