

<b>Case Number:</b>	CM14-0164476		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	11/16/2011
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 and is licensed to practice in Alabama. 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 46 year old male who is post a reaching and pulling injury on 11/16/2011. The patient underwent right shoulder arthroscopy, synovectomy, debridement, and decompression on 03/20/2014. On patient's initial physical therapy evaluation note dated 05/13/2014, the patient presented with complained of right shoulder pain rated as 8-9/10. He reported he felt his AROM was limited and weakness of the arm. He noted pain between the scapula which was the primary area of pain. He had difficulty dressing, grooming and moving the right upper extremity. His exam revealed poor posture, protracted shoulders, increased lumbar spine lordosis. His right shoulder was down and he was noted to be left hand dominant. AROM of the right shoulder revealed flexion at 81 degrees; extension at 19; abduction at 70; internal rotation at 45; and external rotation at 45. His strength was decreased as 3+/5 of the right upper extremity. Grip strength testing revealed on the right: 16, 17, 21 and on the left 91, 89, 81. His short term goals were to transition to home exercise program, decrease right shoulder pain and numbness by 10-25% and increase his functional activities of daily living tolerance by 10/25%. There are no other physical therapy notes provided for review. The patient had an office visit on 06/03/2014 with a report of improvement since his surgery in March. His exam noted AROM/Normal exhibits flexion of the right shoulder to be 140/180; extension 50/50; abduction 180/180; adduction 50/50; internal rotation 50/90; and external rotation 50/90. He is diagnosed with right shoulder impingement syndrome and two and half month status post right shoulder surgery with rotator cuff repair. He was recommended for 12 additional sessions of physical therapy. Prior utilization review dated 09/18/2014 states the request for Additional PT 3x4 to the right shoulder is modified to certify 2 additional sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional PT 3x4 to the Right Shoulder:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical Therapy.

**Decision rationale:** The CA MTUS guidelines post surgical treatment guidelines and ODG for physical therapy of shoulder rotator cuff syndrome/impingement syndrome post-arthroscopic surgery recommends for 24 visits. In this case, the patient is s/p right shoulder diagnostic arthroscopy, synovectomy, extensive debridement, subacromial decompression, and rotator cuff repair per operative note on 3/20/14. Initial physical therapy evaluation is dated 5/13/14 and states "Doctor's Frequency For Orders: 3x a week for 4 weeks." Current treatment service requested is dated 6/3/14 for 3x4 additional PT visits for the shoulder. By this order date 6/3/14, the patient would have had 3 weeks of therapy, or no more than 9 total visits. The request is for an additional 12 visits, and the patient is allotted 24 visits as per above guideline. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.