

<b>Case Number:</b>	CM14-0167961		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	02/04/2013
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Orthopedic Surgery, 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:

This is a 63-year old male patient with a date of injury on 2/4/2013. The mechanism of injury occurred when he developed increasing pain in left shoulder while lifting hard board. In a progress noted dated 6/27/2014, the patient complained of left shoulder pain only. He indicated that nothing was wrong with his right shoulder. He had returned to work 2 weeks ago, precluding lifting greater than 25 pounds and no overhead activities. Objective findings: left lateral shoulder palpable tenderness, 2 inch bilateral anterior lateral scars on left shoulder, and motor power 4/5 on left shoulders. The diagnostic impression shows work related strain injury to right shoulder and status post re-arthroscopy. Treatment to date: medication management, behavioral modification, physical therapy, rotator cuff repair surgery of left shoulder on 1/13/2014A UR decision dated 9/26/2014 denied the request for Associated Surgical Service: Physical Therapy for the left shoulder 3 times a week for 4 weeks #12. The rationale provided regarding the denial was that with 24 visits of physical therapy to date, the patient should be well-versed in a home exercise program. There was no medical rationale offered why home exercises would not be sufficient to address the current complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Physical therapy for the left shoulder 3 times a week for 4 weeks, QTY: 12 sessions:** Upheld

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

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

**Decision rationale:** 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. Post-surgical treatment guidelines recommend 24 visits over 14 weeks for rotator cuff repair, with a physical medicine treatment period of 6 months. However, in the 6/27/2014 progress report, and in the documentation provided, the patient has completed 24 post-surgical physical therapy sessions. There was no evidence of plans to transition into a home exercise program. The patient was noted to have returned to work 2 weeks ago, and there was no discussion regarding how additional physical therapy beyond the recommended number of visits would benefit the patient. Therefore, the request for Associated Surgical Service: Physical Therapy for the left shoulder 3 times a week for 4 weeks # 12 sessions was not medically necessary.