

<b>Case Number:</b>	CM14-0178510		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	07/08/2013
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 & Rehabilitation 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 48 years old male claimant who sustained a work injury on July 8, 2013 involving the left shoulder. He was diagnosed with a superior labral tear and underwent surgical debridement on May 21, 2014. He had undergone eight sessions of postoperative physical therapy. A progress note on July 10, 2014 indicated the claimant had progressed well after an arthroscopic subacromial decompression and debridement. His forward flexion was 175, abduction was 90 external rotation was 65 and internal rotation was limited. The treating physician requested an additional 18 sessions of physical therapy. A progress note on September 16, 2014 indicated the claimant was doing well with physical therapy but his pain and increased over the last several weeks. He received a steroid injection in August 2014. His shoulder range of motion was exactly the same as the July 2014. He did have an impingement finding at this visit. The treating physician requesting MRI of the left shoulder to evaluate for a rotator cuff tear as well as additional 18 sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy three times a week for six weeks to the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder pain

**Decision rationale:** According to the ODG guidelines up to 24 visits postoperatively is recommended for arthroscopic surgery of the shoulder. According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits: 1. Myalgia and myositis, unspecified 9-10 visits over 8 weeks 2. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks The request for additional 18 sessions of physical therapy exceeds the amount recommended by the guidelines. The claimant had already gotten at least 18 to 36 sessions of physical therapy. The request for the physical therapy about is not medically necessary.

**MRI of the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

**Decision rationale:** According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. The claimant did not have acute rotator cuff tear findings. There was no plan for surgery. The MRI request of the shoulder is not medically necessary.