

<b>Case Number:</b>	CM14-0181332		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	08/29/2012
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Illinois. 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 52-year-old male who reported an injury on 08/29/2012. The mechanism of injury was lifting. His diagnoses include status post left shoulder rotator cuff repair. His past treatments include physical therapy, acupuncture, a home exercise program, a cortisone injection, NSAIDs, rest and activity modifications. The diagnostic studies include an MRI of the left shoulder on 10/22/2013, which revealed findings consistent with a rotator cuff tear. His surgical history was noted to include a left shoulder arthroscopic rotator cuff repair on an unspecified date. On 10/15/2014, the injured worker reported continued pain in his left shoulder, especially with overhead activity. The physical exam findings revealed positive left shoulder impingement, trigger points over the left trapezius with spasm, decreased strength, and restricted range of motion. Current medications were noted to include Flexeril, naproxen, gabapentin, and omeprazole. The treatment plan was noted to include additional physical therapy. A request was received for 12 additional visits of physical therapy for the left shoulder. A rationale was not provided. A Request for Authorization form was submitted for review on 10/15/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy, 12 sessions, to the left shoulder:** Upheld

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

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

**Decision rationale:** The request for additional physical therapy, 12 sessions, to the left shoulder is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend a maximum of 24 visits of physical therapy over 14 weeks for a rotator cuff repair. Although the documentation submitted indicated the injured worker to have residual functional deficits, there was insufficient documentation to show objective functional deficits. Additionally, there was insufficient documentation to show objective functional improvement from the previous physical therapy sessions received. Therefore, in the absence of this documentation, request for additional therapy is not supported by the evidence based guidelines. As such, the request for additional physical therapy, 12 sessions, to the left shoulder is not medically necessary.