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| <b>Case Number:</b>   | CM14-0022643 |                              |            |
| <b>Date Assigned:</b> | 06/11/2014   | <b>Date of Injury:</b>       | 03/28/2012 |
| <b>Decision Date:</b> | 07/15/2014   | <b>UR Denial Date:</b>       | 02/12/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/24/2014 |

### 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 43 year old male who reported an injury on 03/28/2012. The injured worker reported that while on a forklift, another coworker failed to use his horn when rounding the corner causing them to collide. The injured worker underwent left glenohumeral arthroscopy and subacromial bursectomy, left long head of the biceps tendodesis, debridement of partial thickness bursal surface supraspinatus tendon tear, endoscopic subacromial decompression on 10/01/2013. On 01/29/2014 the injured worker complained of pain to the left shoulder, rating it at a 6/10 on a scale of 0/10, 10 being the worst. The injured worker started physical therapy, date of first session is unknown. On physical examination the injured worker had flexion to the left shoulder of 125 degrees, external rotation of 65 degrees, abduction of 115 degrees and internal rotation of 45 degrees. Strength to left shoulder on flexion/abduction was 3+ to 4-/5 and was limited by pain, his left shoulder extension was 4 to 4+5, extension rotation was 3+ to 4-/5, and internal rotation was 4-/5. The injured worker completed 12 sessions of physical therapy. On 02/27/2014 the injured worker completed his 12th session. On physical evaluation the injured worker stated his pain to be 4-6 on a scale of 1-10. The injured worker's left shoulder range of motion showed a flexion of 160 degrees, external rotation of 80 degrees, abduction of 135 degrees, and an internal rotation of 50 degrees. The injured worker's strength on flexion/extension of the left shoulder was 4- to 4/5 which was limited by pain, extension was 4+5, extension rotation was 4-/5 and his internal rotation was 4 to 4+/5. Clinical note dated 03/05/2014 reported the injured worker had completed 24 visits of physical therapy and reported very little benefit. The treatment plan was for additional post-operative physical therapy sessions 3 times weekly, quantity: 12 for the left shoulder. The rationale and request for authorization form were not provided within the available records.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**ADDITIONAL POST OPERATIVE PHYSICAL THERAPY SESSIONS 3 TIMES WEEKLY, QTY: 12 FOR THE LEFT SHOULDER: Upheld**

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

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

**Decision rationale:** The injured worker underwent left glenohumeral arthroscopy and subacromial bursectomy, left long head of the biceps tendodesis, debridement of partial thickness bursal surface supraspinatus tendon tear, endoscopic subacromial decompression on 10/01/2013. On 02/27/2014 the injured worker completed his 12th session. Clinical note dated 03/05/2014 reported the injured worker had completed 24 visits of physical therapy and reported very little benefit. California Medical Treatment Utilization Schedule (MTUS) guidelines recommend up to 24 total physical therapy sessions for the injured worker's status post rotator cuff/impingement repair. The request for 12 additional sessions of physical therapy is not within guideline recommendations. The injured worker has made improvements, but does not have any significant residual functional deficits that could not be addressed with a home exercise program. As such, the request is not medically necessary and appropriate at this time.