

<b>Case Number:</b>	CM14-0023356		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	12/03/2010
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/10/2014
<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, has a subspecialty in Pain Management, 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:

The patient is a 46-year-old with a date of injury of December 3, 2010. Per progress report, January 29, 2014, patient presents with long complaints of left shoulder pain which has improved since last visit. The patient is currently working regular duties. No further injuries reported. The patient has been receiving physical therapy at [REDACTED]. He has had five sessions and treatments have been beneficial. Listed diagnoses are left shoulder rotator cuff tear with retraction 3 cm from its insertion per MRI of 2011, left shoulder status post open rotator cuff repair from September 2, 2011. The patient request for additional eight sessions of therapy has been denied by Utilization Review, February 10, 2014, with the rationale that the patient was already certified for 8 sessions, and that most recent reports note excellent strength and normal range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL PHYSICAL THERAPY TWO TIMES PER WEEK FOR FOUR WEEKS TO THE LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Pain, Suffering, And The Restoration of Function Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6), page 114, and the Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8, 98-99.

**Decision rationale:** This patient presents with chronic left shoulder pain with history of shoulder arthroscopic surgical repair for rotator cuff tear from 2011. The current request is for additional physical therapy 2 times a week for 4 weeks. The patient recently completed five sessions of physical therapy and review of the reports include the therapy notes from January 10 to February 12, 2014, appears to roughly equate to about 5 sessions. This request was denied by Utilization Review letter February 10, 2014 indicating the patient was authorized for 8 sessions. The treating physician's progress report, January 29, 2014, indicates that the patient is working full duty, is making great progress with left shoulder, with improved strength, range of motion, and pain. The treater would like the patient to continue for eight additional sessions. When reading MTUS Guidelines regarding physical therapy, it recommends 9 to 10 sessions for myalgia and myositis, the type of condition that this patient suffers from. In this case, the patient has had 5 sessions of physical therapy per the treaters report and also physical therapy reports. The actual physical therapy reports show that the patient did complete 8 sessions of physical therapy as of February 12, 2014. This patient has made great progress and is working full time, and the patient should be able to transition into home exercise program. It appears that the patient did have a few more therapy sessions following the treating physician's report from January 9, 2014. The goal of therapy is to encourage patients to perform home exercise program. The patient goal is not to allow patients become dependent therapy treatments for pain control. The requested eight additional sessions would exceed what is allowed by the Chronic Pain Medical Treatment Guidelines for this type of condition. The patient is doing well, working full time, and should be able to perform the necessary home exercises to maintain pain control. The request for additional physical therapy for the left shoulder two times per week for four weeks is not medically necessary or appropriate.