

<b>Case Number:</b>	CM14-0023990		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	03/04/2011
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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:

The patient is a 64 year old female who was injured on 03/04/2011. Mechanism of injury is unknown. Prior treatment history has included medications as: tramadol, Cymbalta and cyclobenzaprine. Qualified medical examiner report dated 10/30/2013 documents the patient with bilateral shoulder pain, bilateral arm pain and pain in the back of the head, sleep maintenance insomnia, depression and anxiety. Progress report dated 02/14/2014 is partially illegible. It indicates a diagnosis of cervical spine strain/sprain, right shoulder strain and impingement with tendinitis and bursitis, medial and lateral epicondylitis elbow. This report also indicates that the patient is status post right shoulder on 11/27/2013 but it does not clarify the type of surgery. It was indicated that the patient had completed 12 physical therapy sessions and there are six remaining. Utilization report dated 02/13/2014 indicates that the patient underwent arthroscopic surgery on 11/27/2013 and he has received 26 session of physical therapy and the patient has a home exercise program. Regarding the submitted request for physical therapy 4 sessions once a week for four weeks, the request was denied and the request was modified for physical therapy times one only to allow for completion of the stabilizing/strengthening range of motion program and instruction for a current progressive home exercise program, to which the patient will transition following one session.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 1 X WK X 4 WKS RIGHT SHOULDER:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Post-surgical Physical Therapy.

**Decision rationale:** As per the guidelines, physical therapy (PT) allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise. Physical Therapy is recommended post-surgically for Rotator cuff syndrome as 24 visits over fourteen weeks or 30 visits over 18 weeks according to the type of surgery. The only available post-surgical progress report dated 2/4/2014 (which was handwritten and partially illegible) indicates the diagnosis of right shoulder Impingement syndrome. It also documents that the patient has completed twelve sessions of physical therapy with six visits remaining. There is neither documented functional improvement in response to treatment completed nor physical therapy progression notes. Accordingly, due to lack of more documentation of functional improvement, the requested physical therapy once a week for four weeks right shoulder is not medically necessary.