

<b>Case Number:</b>	CM14-0031750		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/08/2013
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 Occupational Medicine 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 59-year-old male with a 4/8/13 date of injury, when he was trying to cover a load on his truck bed with a tarp, which torqued and injured his right shoulder. He was diagnosed with right shoulder rotator cuff tendonitis with SLAP lesion and underwent right shoulder arthroscopy with labral resection and biceps tenotomy and distal clavicle resection on 10/28/13. The patient was seen on 1/15/14 with complaints of 4/10 continued pain in the right shoulder. Exam findings of the right shoulder revealed intact sensation, 5/5 motor strength, intact neurovascular examination and weakness of the cuff. The range of motion was: forward flexion 150 degrees, abduction 140 degrees and internal rotation was limited to 40 degrees. The PT progress report dated 1/27/14 indicated that the patient accomplished 24 postoperative sessions for his right shoulder. The patient stated that his pain was dull and achy and reached 5/10 (the pain was 8/10 after 3rd. PT visit on 11/01/13). The patient still had limitations with self-care and decreased AROM and functional strength in the right shoulder. The diagnosis is status post right shoulder rotator cuff repair. Treatment to date: work restrictions, medications, steroid injections, 34 sessions of PT. An adverse determination was received on 2/13/14 given that the patient exceeded the recommended number of visits due to guidelines and there was a lack of documentation indicating why additional 12 sessions of PT were needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(12) Physical Therapy sessions, for right shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines and Shoulder chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Chapter 6 (page 114), Medical Treatment Guidelines (Physical Therapy page 98-99) Official Disability Guidelines (ODG) Shoulder Chapter.

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. In addition, ODG recommends 24 visits over 14 weeks Post-surgical treatment for arthroscopic rotator cuff syndrome/impingement syndrome. The progress note dated 1/27/14 indicated that the patient accomplished 24 visits of postoperative PT for his right shoulder and his pain was 5/10. The progress report dated 1/15/14 stated that the patient had 4/10 pain with 5/5 motor strength in the right shoulder. There is no rationale with regards to the need for additional 12 sessions of PT given, that the patient reached the recommended number of PT visits due to the Guidelines. In addition, it is not clear why the patient cannot transition into an independent home exercise program. Therefore, the request for 12 Physical Therapy Sessions, for Right Shoulder is not medically necessary.