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| <b>Case Number:</b>   | CM14-0035899 |                              |            |
| <b>Date Assigned:</b> | 06/23/2014   | <b>Date of Injury:</b>       | 07/29/2013 |
| <b>Decision Date:</b> | 08/05/2014   | <b>UR Denial Date:</b>       | 03/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/24/2014 |

### 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 Orthopedic Surgery 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 injured worker is a 48-year-old male who reported an injury on 07/29/2013 due to a panel wall falling on him. The injured worker had a history of left shoulder pain. The injured worker had a diagnosis of left shoulder rotator cuff tear, left shoulder subacromial impingement syndrome. The injured worker had a surgical procedure on 11/26/2013 that included a left shoulder arthroscopic subacromial decompression, and a left shoulder arthroscopic rotator cuff repair. The past treatment included an MRI and physical therapy of 20 visits. Per the notes dated 03/17/2014 the objective findings to the left shoulder included normal range of motion to the fingers and the injured worker denied numbness or tingling to the left arm. The medication included Norco 10/325, 3 to 4 times a day. The plan of care included advanced physical therapy 2 times a week for 6 weeks, home stretching program 3 to 4 times a day, and Norco 10/325. The rationale for additional physical therapy was for range of motion stretching.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued post operative physical therapy two times a week for six weeks for the left shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS Guidelines indicate that postsurgical physical therapy means the timeframe that is needed for postsurgical treatment and rehab services beginning with the date of the procedure and ending with the time specified for the specific surgery in the postsurgical physical therapy treatment. The injured worker should be educated regarding postsurgical precautions, home exercises, and self management of symptoms should be ongoing components of treatment starting with the first visit. The California MTUS Guidelines recommend 24 visits over 10 weeks. Per the note dated 03/18/2014, the injured worker reported improvement to the left shoulder in regards to pain and range of motion. He reported a decrease in pain to his right shoulder. The injured worker has already received 20 visits of post-op physical therapy. The request for physical therapy 2 times a week for 6 weeks exceeds the 8 visits allowed, including the 20 visits the injured worker already completed. As such, the request for continued postoperative physical therapy 2 times a week for 6 weeks for the left shoulder is not medically necessary.