

<b>Case Number:</b>	CM14-0036054		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	06/25/2012
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	03/10/2014
<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:

This 44-year-old male sustained work related industrial injuries on June 25, 2012. The mechanism of injury involved repetitive overhead work as a machine operator. He subsequently complained of bilateral shoulder pain, left worse than right. The injured worker was diagnosed with rotator cuff syndrome, partial tear of the right rotator cuff tendon, tendonitis of the right and left shoulder. On June 21, 2013, the beneficiary underwent debridement and arthroplasty of the left shoulder. According to the treating provider notes, the injured worker had extensive physical therapy which helped but he continued to have pain. The injured worker was recently treated for rotator cuff tear of the left shoulder. On January 8, 2014, the injured worker underwent an arthroscopic rotator cuff repair and arthroscopic subacromial decompression of the left shoulder. According to the operative report, the injured worker tolerated the procedure well without any evidence of complications. Per follow up appointment on January 14, 2014, physical exam revealed that the surgical wounds were healing well with no signs of infection. Additional treatment consisted of pain medication, post operative physical therapy sessions, radiographic imaging, consultation and periodic follow up visits. As of March 24, 2014, the injured worker remains temporarily totally disabled. According to the treating physician documentation dated February 24, 2014, physical findings revealed that rotator cuff strength was the same with no improvement and a mild impingement was present. Documentation noted that the treatment plan was to finish physical therapy. On March 24, 2014, physical findings remained unchanged and the treatment plan was additional physical therapy to avoid marked restriction of range of motion. The treating physician prescribed services for twelve additional physical therapy sessions now under review on March 5, 2014. On March 10, 2014, Utilization Review evaluated the prescription for twelve additional physical therapy sessions requested on March 5, 2014. Upon review of the clinical information, UR noncertified the request for continued physical

therapy sessions noting that 18/24 authorized visits were completed and until the injured worker completed the authorized amount, further therapy was not medically indicated. This UR decision was subsequently appealed to the Independent Medical Review.

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

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

**Additional physical therapy, 3 X 4:** Upheld

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

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

**Decision rationale:** As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, the patient had completed 18 sessions of physical therapy. However, the patient's response to treatment was not discussed. There was no objective evidence of overall pain improvement and functional gains derived from the treatment. Given the duration of injury, it is unclear why patient is still not versed to home exercise program to address the residual deficits. Moreover, there are no recent reports of acute exacerbation or progression of symptoms that would warrant additional course of treatment. The medical necessity has not been established. Therefore, the request for additional physical therapy, 3 X 4 is not medically necessary.