

<b>Case Number:</b>	CM14-0044072		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/15/2013
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 Geriatrics and is licensed to practice in New York. 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 64 year old woman with a date of injury of 6/15/13. She underwent right shoulder arthroscopic rotator cuff repair surgery on 9/16/13. She was seen by her orthopedic physician on 3/11/14. She was said to be receiving physical therapy and satisfied with her progress but was noted to continue modified activity. Her medications included biofreeze gel, naprosyn and aspirin. Her physical exam showed well healed surgical portals. Her forward elevation was 130 degrees active, wall climb 160 degrees, external rotation to 60 degrees and internal rotation to L4. She tolerated overhead passive motion and had smooth circumduction of her shoulder and full range of motion of her elbow, wrist and hand. Her diagnoses were complete rotator cuff rupture, adhesive capsulitis of shoulder and partial tear of rotator cuff. Additional physical therapy at 2 times a week for 4 weeks for range of motion and strengthening is at issue in this review. The notes indicate that she has had 30 prior physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Post-Op Physical Therapy Right Shoulder 2 x 4: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 98-99.

**Decision rationale:** In this injured worker, physical therapy has already been used for at least 30 visits as a modality and a self-directed home exercise program should be in place. She is satisfied with her progress and improving. The records do not support the medical necessity for additional physical therapy visits in this individual with a shoulder injury and surgery. As such, the request is not medically necessary.