

<b>Case Number:</b>	CM14-0044716		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	01/30/2013
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/26/2014
<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 Physical Medicine and 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 67-year-old male with a date of injury of 01/30/2013. The listed diagnoses per [REDACTED] are: 1. Status post right shoulder arthroscopic rotator cuff repair, 08/22/2013. 2. Left shoulder pain. According to progress report 01/06/2014 by [REDACTED], the patient presents for a followup. Patient states he is feeling much better compared to how he felt before the surgery and he is happy with his surgical results. The patient reports that since he has stopped physical therapy, he has been having some increase in pain to the right shoulder. Examination revealed passive range of motion of the right shoulder to be 150 degrees of flexion, 140 degrees of abduction, 10 degrees of internal rotation, and 80 degrees of external rotation. There is weakness to the right shoulder external rotation and abduction. The treater recommends the patient continue with physical therapy working on improvement of the range of motion and strength. The request is for additional physical therapy 2 times a week for 6 weeks. Utilization review denied the request on 03/26/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued Physical therapy 2x per week for 6 weeks:** 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, Postsurgical Treatment Guidelines Page(s): 26-27.

**Decision rationale:** This patient is status post right shoulder surgery on 08/22/2013. The medical file provided for review includes 3 progress reports that do not provide treatment history. Review of the utilization letter indicates the patient has received 40 postop physical therapy sessions following the 08/22/2013 right shoulder surgery. The MTUS Postsurgical Guidelines page 26 and 27 recommends 24 visits over 14 weeks for arthroscopic surgery. This patient has received ample postop physical therapy. In this case, the treater does not provide a discussion as to why the patient would not be able to transition into a self-directed home exercise program. The requested additional therapy is not medically necessary and recommendation is for denial.