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| <b>Case Number:</b>   | CM14-0050079 |                              |            |
| <b>Date Assigned:</b> | 07/07/2014   | <b>Date of Injury:</b>       | 06/19/2013 |
| <b>Decision Date:</b> | 08/08/2014   | <b>UR Denial Date:</b>       | 03/27/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/17/2014 |

### 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 Orthopaedic 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 46-year-old female office worker sustained an industrial injury on 6/19/13, relative to repetitively lifting paper rolls and plans. The patient failed conservative treatment. MRI findings documented a partial rotator cuff tear. She underwent right shoulder diagnostic and operative arthroscopy with rotator cuff repair, synovectomy, and subacromial bursectomy on 11/7/13. At least 32 visits of post-operative physical therapy were provided in the post-operative period. The 2/11/14 treating physician report cited improving pain and range of motion. There was some soreness and she had been able to return to modified work. Physical exam documented full right shoulder range of motion, negative impingement testing, no evidence of shoulder instability and negative sulcus and apprehension test. There was 4/5 global shoulder strength on the right, 5/5 on the left. The treatment plan recommended supervised physical therapy 2x4, in addition to a home exercise program, to attempt to gain further strength and endurance. The 3/27/14 utilization review denied the request for continue physical therapy 3x4 based on an absence of documented functional improvement with recently certified care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued physical therapy three times a week for four weeks for the right shoulder:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines.

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

**Decision rationale:** The California MTUS Post-Surgical Treatment Guidelines for rotator cuff repair suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have not been met. Guideline criteria have not been met. As of 2/11/14, there was 4/5 global right upper extremity strength and full range of motion. Additional treatment was authorized with no subsequent documentation of functional treatment response. There is no compelling reason presented to support the medical necessity of additional supervised physical therapy over an independent home exercise program. There is no documentation of a specific functional loss or treatment goal to support the medical necessity of additional supervised physical therapy. Therefore, this request for continued physical therapy three times a week for four weeks for the right shoulder is not medically necessary.