

<b>Case Number:</b>	CM14-0062129		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	12/07/2011
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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, has a subspecialty in Interventional Spine 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 57 year old with an injury date on 12/7/11. Patient complains of neck pain radiating to right shoulder, T-spine/L-spine pain, bilateral shoulder pain, and right elbow/right wrist pain in 3/26/14 report. Based on the 3/26/14 progress report provided by [REDACTED] the diagnoses are: 1. Cervical musculoligamentous injury (847.0)2. Cervical radiculopathy (723.4)3. Thoracic sprain/strain (847.1)4. Lumbar radiculopathy (724.4)5. Lumbar sprain/strain (847.2)6. Left shoulder impingement syndrome (726.2) 7. Left shoulder sprain/strain (840.9)8. Status post surgery, right shoulder (V45.89) 9. Right elbow sprain/strain (841.9)10. Right lateral epicondylitis (726.32)11. Right carpal tunnel syndrome (354.0)12. Right wrist sprain/strain (842.00)13. Sleep disturbance (780.50)14. Anxiety (300.00)15. Depression (311) Exam on 3/26/14 showed "+3 tenderness to palpation of the anterior shoulder and posterior shoulder. There are psychological complaints due to pain." There was no range of motion testing in provided reports. [REDACTED] is requesting post op physical therapy right shoulder. The utilization review determination being challenged is dated 4/15/14. [REDACTED] is the requesting provider, and he provided treatment reports from 11/12/13 to 3/26/14.

### 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: 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): 26,27.

**Decision rationale:** This patient presents with neck pain, back pain, bilateral shoulder pain, right elbow/wrist pain and is s/p right shoulder arthroscopic rotator cuff repair from 8/27/13. The treater has asked for post op physical therapy right shoulder on 3/26/14 and progress report of that date clarifies: "2x week for 8 weeks". Review of the physical therapy report shows patient had 3 sessions ending on 11/19/13, and 24 sessions from 10/2/13 to 3/5/14 but the effect of those sessions were not included in provided reports. MTUS guidelines state for rotator cuff syndrome/Impingement syndrome and arthroscopic shoulder surgery, post surgical treatment of 24 visits over 14 weeks is recommended over a treatment period of 6 months. In this case, the patient is 7 months from shoulder surgery with 27 physical therapy visits, effect unknown, and ongoing pain. There is no discussion regarding the request for additional 16 sessions of therapy. MTUS only allows 24 sessions total for post-op knee arthroscopy unless there was some specific need for additional therapy. Considering the patient has already had therapy, there is no reason why he cannot transition into a home exercise program at this time. Recommendation is for denial.