

<b>Case Number:</b>	CM14-0064270		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/04/2010
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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:

This patient is a 26 year old female with two different dates of injury to her left shoulder: 08/04/10 of left shoulder, and 08/31/10 of cervical spine, left shoulder, and chest, according to the 09/09/13 Agreed Medical Examination (AME) by [REDACTED]. Based on the 03/21/14 detailed orthopedic reevaluation by [REDACTED], this patient reports ongoing left shoulder pain and 'instability.' Examination by [REDACTED] shows markedly positive Hawkin's impingement sign of the left shoulder with 4+/5 motor strength of her rotator cuff muscles. The diagnoses for this patient are: 1.Status postindustrial left shoulder sprain/strain injury, August 31, 2010. 2.Status post failed arthroscopic acromioplasty, March 2012, [REDACTED]. 3.MRI scan confirmed Bankart lesion and recurrent subacromial impingement and AC joint DJD. The utilization review being challenged is dated 04/04/14. The request is for post-op physical therapy three times a week for six weeks for the left shoulder. [REDACTED] is the requesting provider and he has submitted various notes for this patient from 06/17/13 to 06/25/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST-OP PHYSICAL THERAPY 3XWK X 6WKS FOR LEFT SHOULDER:** Upheld

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

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

**Decision rationale:** This patient presents with continued left shoulder pain and is status post left rotator cuff surgery by [REDACTED] on 03/16/12. The request is for post-op physical therapy three times a week for six weeks for the left shoulder. MTUS post-surgical guidelines for the shoulder, pages 26-27, allow for 24 visits over 14 weeks within the postsurgical physical medicine treatment period of six months. However, MTUS guidelines, pages 98-99 do allow for 9-10 visits over 8 weeks for myalgia and myositis, and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. The 04/04/14 utilization review letter makes mention of this patient having received 24 visits of postoperative physiotherapy. Also, in the 06/17/13 progress report by [REDACTED], the patient states "I Had 24 physical therapy so far and ended doing home therapy." In this case, this patient is already doing home therapy and the request for an additional 18 sessions (more than two years beyond the 03/16/12 surgery date) exceeds the 10 sessions per MTUS guidelines; also, no physical therapy reports were provided, documenting the efficacy, or the lack of functional improvement or evidence supporting the medical need for additional sessions. The request is not medically necessary.