

<b>Case Number:</b>	CM14-0147824		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	08/12/2013
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 Orthopedic 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:

55 year old male with reported industrial injury of 8/12/13. Operative report dated 02/14/14 notes that the claimant underwent diagnostic operative arthroscopy of the right shoulder with subacromial decompression and acromioplasty, resection of coracoacromial ligament, extensive subacromial and subdeltoid bursectomy, glenohumeral synovectomy and debridement, and debridement of partial rotator cuff tear. Progress report dated 07/01/14 notes that the claimant is status post right shoulder diagnostic and operative arthroscopy on 02/14/14. Overall, the claimant continues to make excellent progress and it has been slow and steady with physical therapy. The claimant has progressed through range of motion. The claimant continues to have some stiffness and pain at end range of motion. Major deficit at this time is strength. The claimant has a class IV arduous work, so strength is very important. Examination shows well healed arthroscopic portals. Flexion and abduction is to 170 degrees and internal rotation is to T12. The provider notes that the claimant is young and active and requires class IV functional use of the shoulder in order to return to full duty. The provider recommends additional 12 physical therapy sessions. PT treatment note dated 08/05/14 states that the claimant has completed 47 physical therapy sessions. The claimant states that the posterior shoulder is feeling tight. The claimant presents with mild posterior rotator cuff tightness upon soft tissue mobilization. Range of motion is good with slight end range tightness and popping with manual stretching. The claimant progressed therapeutic exercises with good tolerance and no complaints. Exam note 8/19/14 demonstrates claimant is making excellent progress with flexion of 175 degrees and internal rotation to T12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional post-operative physical therapy, 2 x 6, to the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

**Decision rationale:** Per the CA MTUS Post Surgical Treatment Guidelines, Shoulder, page 26-27 the recommended amount of postsurgical treatment visits allowable are: Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): 1) Postsurgical treatment, arthroscopic: 24 visits over 14 weeks, 2) \*Postsurgical physical medicine treatment period: 6 months, 3) Postsurgical treatment, open: 30 visits over 18 weeks, 4) \*Postsurgical physical medicine treatment period: 6 months. In this case the claimant has exceeded the maximum amount of visits allowed. There is insufficient evidence of functional improvement or reason why a home based program cannot be performed to warrant further visits from the exam note of 8/19/14. Therefore the request is not medically necessary.