

<b>Case Number:</b>	CM14-0180139		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	02/03/2012
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 53 year old male with an injury date on 2/3/12. Patient complains of constant left shoulder pain that is not improving, worsened with lifting, pulling, and pushing per 10/3/14 report. The patient had a surgery for the right shoulder for a rotator cuff tear from 2012, and underwent physical therapy, injections which helped somewhat per 9/5/14 report. The patient has not been working and condition is not improved per 3/21/14 report. Based on the 10/3/14 progress report provided by the treating physician, the diagnosis is rotator cuff tear right shoulder, failed surgery. A physical exam on 9/5/14 showed "limited range of motion of the left shoulder with positive impingement sign." The patient's treatment history includes physical therapy, injections (unspecified), and medication. The treating physician is requesting physical therapy treatment to the right shoulder for 12 sessions 2 times a week for 6 weeks. The utilization review determination being challenged is dated 10/3/14. The requesting physician provided treatment reports from 3/21/14 to 10/3/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy treatment to the right shoulder for 12 sessions 2 times a week for 6 weeks:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post-Surgical Treatment Guidelines, Section on Shoulder (Post-surgical Page(s): 26,27).

**Decision rationale:** This patient presents with bilateral shoulder pain. The treater has asked for PHYSICAL THERAPY TREATMENT TO THE RIGHT SHOULDER FOR 12 SESSIONS 2 TIMES A WEEK FOR 6 WEEKS on 10/3/14 . The patient had 49 postoperative physical therapy sessions after right shoulder surgery on 3/30/12 per utilization review letter dated 10/3/14. The patient had prior physical therapy which gave "a persistent amount of pain" but more recent physical therapy is helping the pain to get "better" per 7/22/14 report. 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 had 49 postoperative physical therapy sessions after right shoulder surgery on 3/30/12. The treater does not indicate any rationale or goals for the requested 12 sessions of therapy, except that "his condition is not improving" per 10/3/14 report. Review of reports show that physical therapy has caused pain in the past, but recent physical therapy has been helping the pain. As patient has had 49 postoperative physical therapy sessions, the requested 12 additional sessions exceed what is allowed by MTUS for this type of condition. The request is not medically necessary.