

<b>Case Number:</b>	CM14-0196308		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	08/10/2013
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Rehab, 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 is a 53 year old male who sustained a work related injury on August 10, 2013. The injury occurred when the worker lifted a stack of cones. A progress report dated May 16, 2014 notes that the patient was treated with exercise and acupuncture treatments, which helped improve his symptoms. On October of 2013, the patient reported that the right shoulder pain had worsened. On December 11, 2013 he was referred for an MRI of the right shoulder, which revealed a partial tear and an impinged supraspinatus tendon. Diagnoses included a right shoulder SLAP tear, partial biceps tear and subacromial osteophyte. Work status is temporarily totally disabled. The worker ultimately underwent a right shoulder arthroscopic SLAP type II repair, glenoid chondroplasty, humeral head chondroplasty, partial rotator cuff tear debridement, subacromial bursectomy, synovectomy and an open subpectoral biceps tenodesis on July 22, 2014. Current documentation dated October 31, 2014 notes that the worker was doing well and improving with the assistance of physical therapy. Musculoskeletal examination of the right upper extremity revealed normal light touch sensation, intact anterior interosseous and posterior interosseous nerves, well healing incisions without signs of infection and a 2+ radial pulse. The treating physician requested additional post-operative physical therapy two times a week for six weeks to the right shoulder. Utilization Review evaluated and denied the request for additional physical therapy visits on November 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional post-op physical therapy 2 x 6, right shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** This patient is status post right shoulder arthroscopic SLAP type II repair, glenoid chondroplasty, humeral head chondroplasty, partial rotator cuff tear debridement, subacromial bursectomy, synovectomy and an open subpectoral biceps tenodesis on July 22, 2014. The current request is for additional post-op physical therapy 2 x 6 right shoulder. For rotator cuff repair of the shoulder, the MTUS Postoperative Guidelines page 26 and 27 recommends 24 sessions. The number of completed therapy visits to date and the objective response to therapy were not documented in the medical reports submitted for this request. Per Utilization Review documentation dated November 14, 2014, previously eighteen post-operative physical therapy visits was certified. The treating physician has noted that the patient is improving with the assistance of physical therapy. In this case, the request for additional 12 sessions with the 18 already received exceeds what is recommended by MTUS. In addition, there is no discussion as to why the patient would not be able to transition into a self-directed home exercise program. The requested additional post-op physical therapy is not medically necessary.