

<b>Case Number:</b>	CM14-0196680		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	08/19/2013
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/11/2014
<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 Internal Medicine 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 an injured worker who had right shoulder performed February 25, 2014. Date of injury was August 19, 2013. The primary treating physician's progress report dated August 25, 2014 documented that the patient failed greater than 20 sessions of postoperative physical therapy status post surgery. The primary treating physician's progress report dated November 3, 2014 documented subjective complaints of right shoulder pain 6/10 scale. Right shoulder surgery was performed February 2014. Physical examination was documented. Right shoulder flexion 130 degrees, abduction 120 degrees, external rotation 70 degrees, internal rotation 70 degrees, abduction and extension 40 degrees. Motor examination demonstrated 5 minus/5 strength in all planes of the right shoulder. Incision was well-healed, with no signs of infection. No instability was noted. Negative apprehension test, O'Brien test, speed test were noted. No significant tenderness over the acromioclavicular joint was noted. Diagnoses were residual right shoulder subacromial bursitis mild to moderate, status post right shoulder injury with surgical intervention for right shoulder performed February 25, 2014, right elbow lateral epicondylitis, and right wrist and hand flexor tendon tenosynovitis. Treatment plan included a request for additional postoperative physical therapy right shoulder at three times per week for four weeks. Utilization review determination date was November 11, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a week for 4 weeks, to the right shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, Postsurgical Treatment Guidelines.

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

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. The Postsurgical Treatment Guidelines state that for rotator cuff syndrome, 24 visits of postsurgical physical therapy are recommended. Medical records indicate that the patient has completed 24 post-operative PT physical therapy sessions status post right shoulder arthroscopic rotator cuff repair surgery performed on 2/25/14. The primary treating physician's progress report dated August 25, 2014 documented the patient failed greater than 20 sessions of postoperative physical therapy status post surgery. MTUS Postsurgical Treatment Guidelines recommend 24 visits of postsurgical physical therapy. The medical records do not provide support for additional PT physical therapy treatments. Therefore, the request for Physical therapy 3 times a week for 4 weeks, to the right shoulder is not medically necessary.