

<b>Case Number:</b>	CM14-0198470		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	10/18/2012
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: District of Columbia, Virginia  
Certification(s)/Specialty: Internal Medicine

### 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 34 year old patient who sustained injury on Aug 18 2012. In Apr 16 2014, an MRI of the left shoulder showed small full vs. near full thickness tear of the posterior supraspinatus tendon and clinical syndrome of impingement but no labral tear. [REDACTED] saw the patient on May 15 2014 for persistent pain of the left shoulder and was diagnosed with left elbow medial and lateral epicondylitis, left thumb flexor tenosynovitis with intermittent triggering and left shoulder impingement with rotator cuff tear-confirmed by MRI. He had undergone platelet rich plasma injection of the left medial and lateral epicondyles in Feb 25 2013. He was prescribed ultram and physical therapy. He was referred to orthopedics for surgical consultation for the left shoulder. He sustained injury to the left shoulder and was diagnosed with left shoulder impingement syndrome, left rotator cuff tear which was repaired on Aug 21 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of Physical Therapy for the Left Shoulder:** Overturned

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

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

**Decision rationale:** Per MTUS Postsurgical Treatment Guidelines, Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks, Postsurgical physical medicine treatment period: 6 months, Postsurgical treatment, open: 30 visits over 18 weeks, Postsurgical physical medicine treatment period: 6 months. It has been noted that the patient had been slowly improving. However, he still had pain issues. The prescribed physical therapy course is within the parameters, as indicated by MTUS guidelines above, and would be indicated. Therefore, this request is medically necessary.