

<b>Case Number:</b>	CM14-0199020		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	05/27/2010
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 & Rehabilitation 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 59 year-old patient sustained an injury on 5/27/10 while employed by [REDACTED]. Request(s) under consideration include Physical Therapy or the Right Shoulder - 12 visits. Diagnoses include lumbar disc displacement/ spinal stenosis/ radiculopathy/ L5-S1 disc protrusion/extrusion s/p L4-S1 lumbar fusion; right knee pain s/p right knee arthroscopy; chronic pain; and s/p umbilical hernia repair. Report of 8/26/14 from the provider noted the patient with chronic ongoing low back, cervical spine, right shoulder, and bilateral knee symptoms. Exam of the right shoulder showed tenderness at glenohumeral region and subacromial space with positive Hawkin's impingement sign; discomfort over AC joint; negative Apprehension test; positive O'Brien's; symptomatic range with internal rotation and forward flexion; and no stability noted. Treatment included request for removal of lumbar spine hardware. The patient remained TTD. Surgical report dated 9/19/14 noted right shoulder arthroscopic procedure with debridement of rotator cuff, biceps tendon, labrum, synovectomy and SAD, Mumford resection and RC repair. Report of 9/30/14 noted exam of right shoulder with well-healing incision; no signs of infection; some swelling, erythema, and stiffness due to immobilization with neurovascular intact. Treatment included course of PT to shoulder at rate of 3x/wk. Report of 10/17/14 had unchanged shoulder exam findings with plan for PT at rate of 2x/wk. AME follow-up on 10/14/14 noted the patient should complete his postoperative rehab program for the shoulder in the next 6-8 weeks followed by a home exercise program; he will likely attain MMI in the next 6-8 months. The request(s) for Physical Therapy or the Right Shoulder - 12 visits was non-certified on 10/31/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy of the Right Shoulder - 12 visits: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** This 59 year-old patient sustained an injury on 5/27/10 while employed by [REDACTED]. Request(s) under consideration include Physical Therapy or the Right Shoulder - 12 visits. Diagnoses include lumbar disc displacement/ spinal stenosis/ radiculopathy/ L5-S1 disc protrusion/extrusion s/p L4-S1 lumbar fusion; right knee pain s/p right knee arthroscopy; chronic pain; and s/p umbilical hernia repair. Report of 8/26/14 from the provider noted the patient with chronic ongoing low back, cervical spine, right shoulder, and bilateral knee symptoms. Exam of the right shoulder showed tenderness at glenohumeral region and subacromial space with positive Hawkin's impingement sign; discomfort over AC joint; negative Apprehension test; positive O'Brien's; symptomatic range with internal rotation and forward flexion; and no stability noted. Treatment included request for removal of lumbar spine hardware. The patient remained TTD. Surgical report dated 9/19/14 noted right shoulder arthroscopic procedure with debridement of rotator cuff, biceps tendon, labrum, synovectomy and SAD, Mumford resection and RC repair. Report of 9/30/14 noted exam of right shoulder with well-healing incision; no signs of infection; some swelling, erythema, and stiffness due to immobilization with neurovascular intact. Treatment included course of PT to shoulder at rate of 3x/wk. Report of 10/17/14 had unchanged shoulder exam findings with plan for PT at rate of 2x/wk. AME follow-up on 10/14/14 noted the patient should complete his postoperative rehab program for the shoulder in the next 6-8 weeks followed by a home exercise program; he will likely attain MMI in the next 6-8 months. The request(s) for Physical Therapy or the Right Shoulder - 12 visits was non-certified on 10/31/14 for lack of information. It appears the patient had right shoulder arthroscopy per operative note of 9/19/14. Follow-up reports from the provider on 9/30/14 and 10/17/14 noted requests for post-op PT. Recent AME report of 10/14/14 also noted the patient to complete his post-op rehab course to be followed by a HEP. UR had denied request due to lack of information. Post-surgical guidelines allow for up to 24 visits post arthroscopic rotator cuff repair over 14 weeks over a 6 month rehab period. Although there are no updated reports of PT being started or clear measurable evidence of progress with the PT treatment perhaps already rendered including milestones of increased ROM, strength, and functional capacity, the initial course of 12 post-op PT visits is medically indicated and appropriate for recovery as part of the functional restoration process. Upon evidence of progress, utilization can review for further need of PT with documented functional baseline with clear goals to be reached and the patient striving to reach those goals. The Physical Therapy or the Right Shoulder - 12 visits is medically necessary and appropriate.