MAXIMUS Federal Services

| Case Number: | CM14-0045693 | | |
|---|---|---|---|
| Date Assigned: | 07/02/2014 | Date of Injury: | 12/18/2013 |
| Decision Date: | 10/27/2015 | UR Denial Date: | 03/19/2014 |
| Priority: | Standard | Application Received: | 04/15/2014 |

## 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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

## 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 injured worker is a 54 year old male who reported an industrial injury on 12-18-2013. His diagnoses, and or impressions, were noted to include: left shoulder sprain-strain; left "AO" joint arthritis; left rotator cuff syndrome; bilateral rotator cuff capsulitis; large supra-spinatous tear; "AC" joint arthritis; and impingement syndrome. Recent magnetic imaging arthrogram studies of the left shoulder joint on 2-26-2014; physical therapy; and rest from work. His treatments were noted to include: 6 physical therapy treatments, with a re-evaluation and multiple treatment modalities (2-24-14); and return to modified work duties. The orthopedic progress notes of 2-27-2014 reported left shoulder pain and weakness. Objective findings were noted to include: no acute distress; obesity; tenderness over the left shoulder "AC" joint with decreased range-of-motion; and pain and weakness with supra-spinatous testing and painful range-of motion with positive cross-arm adduction test. The physician's requests for treatment were not noted to include post-operative physical therapy, 1 x a week x 24 weeks, for the left shoulder. The progress notes of 2-18-2014 noted a 50% improvement and continued pain with range-of-motion after 6 physical therapy sessions. The Request for Authorization for post-operative physical therapy, 1 x a week x 24 weeks, for the left shoulder was not noted in the medical records provided. The Utilization Review of 3-19-2014 non-certified the request for post-operative physical therapy, 1 x a week x 24 weeks, for the left shoulder.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op physical therapy 1x per week for 24 weeks for the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

**Decision rationale:** The claimant sustained an injury to the left shoulder in December 2013 when, while unloading a truck, he attempted to catch a heavy large tote bag and had sudden left shoulder pain and weakness. He has findings of a large rotator cuff tear. An MR arthrogram of the shoulder in February 2014 included findings of a large full thickness supraspinatus tendon tear with retraction and severe atrophy with mild interest in artist tendinosis. There was a probable labral injury. There was severe degenerative change in the acromioclavicular joint with findings consistent with impingement. Authorization is being requested for a subacromial decompression and rotator cuff repair with postoperative physical therapy. After the surgery being requested, guidelines recommend up to 24 visits over 14 weeks with a physical medicine treatment period of 6 months. Guidelines recommend an initial course of therapy of one half of this number of visits and a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the requested number of initial post-operative therapy visits is in excess of accepted guidelines and what would be expected to determine whether further therapy was needed or likely to be effective. The request is not medically necessary.