

<b>Case Number:</b>	CM14-0097927		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Family Medicine and is licensed to practice in New Jersey and New York. 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 injured worker is a 67 year-old male who was injured on 10/23/12. He complained of right shoulder pain. On exam, he had a tender acromioclavicular joint and limited range of motion. MRI showed acromioclavicular arthrosis, downsloping anterolateral acromion, and a small full-thickness tear of the rotator cuff with slight retraction. He was diagnosed with right shoulder pain, right shoulder rotator cuff tear, and cervical spine pain and degenerative disc disease. He had moderate hypertrophic changes of the cervical spine with discogenic disease. He had right shoulder arthroscopy with intra-articular debridement of torn rotator cuff and subacromial decompression on 2/27/14. He had post-operative rehabilitation, medications, steroid injections, and home exercise program. Eighteen sessions were authorized. The current request is for physical therapy for the right shoulder and cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Therapy: PT 3x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS; Chronic Pain,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** The request for physical therapy for the right shoulder and cervical spine is not medically necessary. The patient had right shoulder arthroscopy for rotator cuff repair. As per MTUS guidelines, postsurgical treatment involves 24 visits over 14 weeks with a treatment period of 6 months. The patient was authorized for eighteen sessions and it is unclear if the patient had these visits and if he had any improvement with these sessions. An additional 12 sessions that are being requested would exceed the recommended 24 visits. Therefore, the request is not medically necessary.