

<b>Case Number:</b>	CM15-0003793		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	03/01/2012
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 44 year old male was injured 3/1/12 sustaining injury to the right shoulder. Currently the injured worker is complaining of intermittent shoulder pain and cervical pain. Medications include Ambien, Tramadol, Flexaril, Menthoderm and Cidaflex. Diagnoses were complete rotator cuff rupture right shoulder; cervical myospasm, disc desiccation, annular tears, disc protrusions, neural foraminal stenosis; thoracic sprain/ strain, myospasm; status post-surgery right shoulder (7/28/14); sleep loss secondary to pain; psychological component. Diagnostic studies were cervical MRI and chest radiographs. Treatments were post-operative physical therapy with benefit. Diagnostic studies were cervical MRI and chest radiographs. On 10/14/14 the treating physician requested additional physical therapy 2X4. On 12/2/14 Utilization Review non-certified the request for physical therapy 2X4 for the right shoulder based on the injured worker having regained full range of motion and strength and is now at full recovery. He is doing home exercise program and doing well. MTUS Postoperative Therapy Treatment Guidelines was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x week for 4 weeks:** Upheld

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

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

**Decision rationale:** Per the 10/14/14 report the patient presents with right shoulder pain s/p right SLAP repair 07/28/14. The 11/17/14 report states the patient presents with cervical spine pain. The current request is for PHYSICAL THERAPY 2 X WEEK FOR 4 WEEKS. The RFA is not included. The 12/02/14 utilization review mentions RFA's dated 09/16/14 and 11/25/14. As of 10/16/14 the patient is to remain off work until 01/01/15. MTUS (post surgical) pages 26, 27 provided the following: Rotator cuff syndrome/Impingement syndrome: Postsurgical treatment, arthroscopic: 24 visits over 14 weeks Sprained shoulder; rotator cuff: Postsurgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks. The postsurgical medical treatment period is 6 months. The reports provided show that the patient is within a postsurgical treatment period. Physical therapy treatment reports are provided from 08/11/14 to 10/22/14. The 10/22/14 report for visit # 16 for treatment of Right SLAP repair and Rotator Cuff debridement states, "My neck feels good for couple of days after treatment, but then regresses. I have been experiencing some numbness intermittently in my right hand." This report under patient problems states, "ROM-impaired Rom in affected extremity/region. Strength impaired UE/postural ms. Strength." The 10/14/14 report states the patient is noticing some improvement but describes flare-ups and residual weakness. In this case, it appears the patient received 16 post-operative sessions up to 10/22/14 and the treater requested for an additional 8 sessions on 10/14/14 to continue range of motion and strengthening. The utilization review states the most recently approved physical therapy was 8 sessions on 10/23/14 and the patient has so far received 24 physical therapy sessions. Guidelines allow up to 24 sessions over 14 weeks. The treater does not discuss why additional sessions beyond guidelines are needed at this time and why a home exercise program is not adequate. The request IS NOT medically necessary.