

<b>Case Number:</b>	CM15-0007249		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	02/15/2014
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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:

The injured worker is a 53 year old female, who sustained a work related injury on 2/15/14. The diagnoses have included partial rotator cuff tear left shoulder and tendonitis. Treatments to date have included 36 physical therapy visits post-op, 6 chiropractic treatments post-op, anti-inflammatories, oral pain medication, ice, rest, home exercise program, MRI left shoulder, and other diagnostic imaging exams. The injured worker complains of constant pain in left shoulder. She is noted to have tenderness to palpation of left shoulder with decreased range of motion. On 1/6/15, Utilization Review non-certified a request for additional post-op physical therapy, 2-3 times a week for 4 weeks to left shoulder. The California MTUS, Postsurgical Treatment Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional postoperative physical therapy 2-3 times a week for four weeks for the left shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26-27.

**Decision rationale:** The 54 year old patient is status post arthroscopic subacromial decompression of the left shoulder, partial Mudford procedure, arthroscopic rotator cuff tear repair, and subacromial synovectomy and debridement, as per operative report dated 08/27/14. The request is for ADDITIONAL POSTOPERATIVE PHYSICAL THERAPY 2-3 TIMES A WEEK FOR FOUR WEEKS FOR THE LEFT SHOULDER. The RFA for the case is dated 12/22/14, and the patient's date of injury is 02/15/14. The patient continues to complain of pain, as per progress report dated 12/18/14. Diagnoses, as per progress report dated 11/14/14, include cervicgia, lumbago, pain in limb, and rotator cuff syndrome. The patient has been placed on modified duty, as per the same progress report. MTUS guidelines, pages 26-27, recommend 24 visits over a period of 14 weeks for patients who have undergone RC repair/acromioplasty. The post-surgical time frame is 6 months. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the patient is status post arthroscopic subacromial decompression of the left shoulder, partial Mudford procedure, arthroscopic rotator cuff tear repair, and subacromial synovectomy and debridement, as per operative report dated 08/27/14. The RFA for the request is 12/22/14, thereby indicating that the patient is within the post-surgical time frame of 6 months. In progress report dated 09/02/14, the treater requests for six weeks of physical therapy but the progress report does not document the number of sessions. In progress report dated 12/18/14, the treater states that the patient is going to PT working on ROM. The treater, however, does not document extent of increase in function or reduction in pain due to past therapy. Additionally, the UR letter states that the patient has received 36 sessions of PT post-operatively. There is no evidence to contradict the UR contention. Given the patient has already received more than 24 sessions of PT recommended by MTUS, the treater's request for additional sessions appears excessive and IS NOT medically necessary.