

<b>Case Number:</b>	CM15-0133057		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	01/16/2014
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 54-year-old male, who sustained an industrial injury on 1/16/2014. The mechanism of injury is unknown. The injured worker was diagnosed as status post right rotator cuff repair on 3/6/15. Right shoulder magnetic resonance imaging showed wear of the acromioclavicular joint. Treatment to date has included therapy and medication management. In a progress note dated 6/15/2015, the injured worker complains of continued right shoulder issues. Physical examination was not provided for review. The treating physician is requesting right shoulder physical therapy for 12 sessions. The patient had received 24 PT visits for this injury. Per the PT note dated 5/18/15 the patient had complaints of right shoulder pain at 5/10. Physical examination of the right shoulder revealed tenderness on palpation and limited range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the right shoulder 2 x a week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Pain, Suffering and the Restoration of Function Chapter page 114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

**Decision rationale:** Request Physical therapy for the right shoulder 2 x a week for 6 weeks. California Medical Treatment Utilization Schedule (MTUS), 2009, Post Surgical Rehabilitation (8 CCR 9792.24. 3), Shoulder. Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks; Postsurgical physical medicine treatment period: 6 months. Postsurgical treatment, open: 30 visits over 18 weeks; Postsurgical physical medicine treatment period: 6 months. The cited guidelines recommend 24 visits over 14 weeks for this diagnosis. The patient had received 24 PT visits for this injury. Previous conservative therapy notes documenting significant progressive functional improvement was not specified in the records provided. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. In addition as per cited guidelines "Patient education regarding postsurgical precautions, home exercises, and self-management of symptoms should be ongoing components of treatment starting with the first visit. Intervention should include a home exercise program to supplement therapy visits." Frequency of visits shall be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program for the right shoulder was not specified in the records provided. The medical necessity of the request for Physical therapy for the right shoulder 2 x a week for 6 weeks is not fully established for this patient. The request is not medically necessary.