

<b>Case Number:</b>	CM15-0135399		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	10/31/2013
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: 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:

The injured worker is a 39 year old female, who sustained an industrial injury on 10/31/2013. Diagnoses include status post right shoulder scope (10/17/2014) with residual pain. Treatment to date has also included conservative treatment including medication management, chiropractic care and physical therapy. Per the Primary Treating Physician's Progress Report dated 4/17/2015, the injured worker reported right shoulder pain rated as 5-6/10 in severity. Objective findings documented no change since 2/17/2015 exam. Physical findings on 2/7/2015 revealed decreased range of motion of the right shoulder in all planes. There was tenderness to palpation along the bilateral acromioclavicular joints and right supraspinatus deltoid complex. Impingement test was positive on the right. The plan of care included chiropractic treatment. Authorization was requested for physical therapy (2x4) for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Post-Operative Physical Therapy 2 x 4 to the Right Shoulder:** Overturned

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

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

**Decision rationale:** The claimant has a cumulative trauma injury with date of injury in October 2013 and underwent an arthroscopic rotator cuff repair of a rotator cuff rupture in December 2014. Case notes reference completion of 31 post-operative physical therapy treatments. When seen, chiropractic treatments had been only mildly helpful. She was having radiating neck and shoulder pain and left upper extremity weakness. There was bilateral upper extremity guarding and she had difficulty transitioning positions. Physical therapy and acupuncture were requested. Post surgical treatment after the claimant's shoulder surgery includes up to 40 physical therapy visits over 16 weeks with a postsurgical physical medicine treatment period of 6 months. The claimant has 31 physical therapy treatments. Compliance with a home exercise program would be expected and would not require specialized equipment. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands for strengthening and self-applied modalities such as heat and ice. In this case, the total number of visits being requested remains within guideline recommendations. The claimant has ongoing pain and has not returned to work. The request is medically necessary.