

<b>Case Number:</b>	CM15-0139075		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	09/22/2014
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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, Hawaii

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 54 year old male, who sustained an industrial injury on 9/22/2014. The mechanism of injury was being struck by a falling package. The injured worker was diagnosed as having left shoulder rotator cuff and labral tear. Magnetic resonance imaging showed full thickness tear of the supraspinatus tendon with retraction and degenerative labral tearing. Treatment to date has included physical therapy, home exercises and medication management. In a progress note dated 6/1/2015, the injured worker complains of left shoulder pain and inability to reach overhead for activities of daily living. Physical examination showed left subacromial tenderness and crepitus with decreased range of motion. The treating physician is requesting 18 postoperative physical therapy visits for the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 post-operative physical therapy visits for left shoulder: Upheld**

**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 patient presents with pain affecting left shoulder. The current request is for 18 post-operative physical therapy visits for the left shoulder. The treating physician report dated 6/1/15 (61B) states, "(The patient) has been treated with activity modification, anti-inflammatory medications, physician directed home exercise program, and a supervised physical therapy rehabilitation program." The report goes on to note a request for rotator cuff repair surgery along with postoperative rehabilitative therapy. The MTUS-PSTG support up to 24 visits over 24 weeks for rotator cuff repair surgery. The MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has not yet been authorized for rotator cuff repair surgery. The patient's status is not post-surgical. In this case, the patient has not yet been authorized for surgery and therefore the request for 18 post-operative visits is not supported. Furthermore, the patient has received an unknown quantity of physical therapy to date and the current request of 18 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. The current request is not medically necessary.