

<b>Case Number:</b>	CM15-0149884		
<b>Date Assigned:</b>	08/13/2015	<b>Date of Injury:</b>	10/15/2013
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/03/2015

### 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 63 year old female, who sustained an industrial injury on October 15, 2013. The injured worker reported being slammed into the shoulder by another person with their fists hitting the injured worker's shoulder while the person was forcing herself onto the injured worker's work property. The injured worker was diagnosed as having full thickness rotator cuff tear and possible biceps tendon. Treatment and diagnostic studies to date has included magnetic resonance imaging of the right shoulder, physical therapy, use of a transcutaneous electrical nerve stimulation unit, medication regimen, status post right shoulder surgery, and home exercise program. On February 12, 2015 the injured worker underwent a qualified medical evaluation with the evaluating physician noting that the injured worker was treated with physical therapy of an unknown quantity under multiple prescriptions since the injured worker's date of injury with a lack of documentation indicating that the injured worker experienced any functional improvement. In a progress note dated July 13, 2015 the treating physician reports complaints of ongoing pain and muscle spasms that wakes her from her sleep. Examination reveals decreased passive range of motion. The treating physician noted that the injured worker has attended four sessions of aquatic physical therapy noting an increase in the injured worker's range of motion, but the documentation did not indicate if the injured worker experienced any functional improvement with the prior aquatic therapy. The treating physician requested additional physical therapy re-evaluation and treatment three times four weeks to the right shoulder and pool therapy three times four weeks to the right shoulder for 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 re-evaluation and treatment 3 times a week for 4 weeks, right shoulder:**  
Upheld

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

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

**Decision rationale:** The claimant sustained a work injury in October 2013 and underwent a revision right shoulder arthroscopic subacromial decompression and repair of a rotator cuff tear on 05/01/15. When seen, pain was rated at 3-4/10. She was taking ibuprofen as needed. She was able to place her palm on her head. Her BMI was over 46. Authorization for additional physical therapy and, separately, for aquatic therapy both for the treatment of the right shoulder is being requested. Guidelines address the role of physical therapy following arthroscopic shoulder surgery for rotator cuff syndrome/impingement syndrome. The post surgical treatment period is 6 months with up to 24 therapy visits over 14 weeks after surgery, although goals can usually be achieved with fewer visits than the maximum recommended. Guidelines recommend an initial course of therapy of one half of this number of visits. With documentation of functional improvement, a subsequent course of therapy can be prescribed. In this case, the number of therapy treatments already provided cannot be determined. However, the number of additional treatments being requested is equal to what would be requested as an initial course of treatment. There is no documentation of functional improvement with the treatments already provided and therefore, subsequent therapy cannot be prescribed. The request is not medically necessary.

**Pool therapy, 3 times a week for 4 weeks for the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p 87.

**Decision rationale:** The claimant sustained a work injury in October 2013 and underwent a revision right shoulder arthroscopic subacromial decompression and repair of a rotator cuff tear on 05/01/15. When seen, pain was rated at 3-4/10. She was taking ibuprofen as needed. She was able to place her palm on her head. Her BMI was over 46. Authorization for additional physical therapy and, separately, for aquatic therapy both for the treatment of the right shoulder is being requested. In this case, although the claimant is obese, she is being treated for an upper extremity impairment. There would be no expected need to perform weight-bearing physical activities for rehabilitation of the shoulder or any inability to participate in conventional land-based physical therapy which has also been provided and is now being requested as well. The request is not medically necessary.

