

<b>Case Number:</b>	CM15-0161637		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	08/06/2013
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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 58 year old male who sustained an industrial injury on August 06, 2013. A primary treating office visit dated December 16, 2014 reported treating diagnoses of sprain of neck; sprain of lumbar; and strain and sprains of other specified sites of shoulder and upper arm. He is to remain off from work duty. At primary follow up dated April 16, 2015 the diagnoses remain unchanged. There is subjective complaint of having residual pain in the right shoulder. He is one week post-operative from an arthroscopic repair of a massive rotator cuff tear and is improving. There is note of the worker having developed significant tightness and tenderness about the right trapezius musculature and from guarding the right shoulder. The plan of care involved the worker participating in acupuncture care for pain control and relief of trapezius tightness; continue circumduction exercises for the right shoulder and continue utilizing the sling immobilization for the right arm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 x 4 weeks for bilateral shoulders, neck, and low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Rotator cuff repair Page(s): 27.

**Decision rationale:** The patient presents with pain affecting the neck, low back and bilateral shoulders. The current request is for Physical therapy 3 x 4 weeks for bilateral shoulders, neck, and low back. The requesting treating physician report was not found in the documents provided for review. The MTUS-PSTG supports physical medicine (physical therapy and occupational therapy) 24 sessions over 14 weeks for rotator cuff repair. The UR report dated 7/28/15 (7A) notes that the patient is status post arthroscopic repair of a massive rotator cuff tear of the right shoulder on 4/9/15. According to the UR report, the patient has received at least 16 sessions of postoperative physical therapy previously. In this case, the patient has received 16 visits of physical therapy to date and the current request of an additional 12 visits exceeds the recommendation of 24 visits as outlined by the MTUS-PST guidelines on page 27. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. Additionally, while the patient is still within the postsurgical treatment period for the right shoulder established by the MTUS-PSTG, the current request includes other body parts to be addressed during therapy. The current request does not satisfy the MTUS-PSTG or MTUS guidelines as outlined on pages 27 and 98-99 respectively. The current request is not medically necessary.