

<b>Case Number:</b>	CM15-0182029		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	09/03/2014
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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:

This is a 59-year-old male with a date of injury on 9-3-2014. A review of the medical records indicates that the injured worker is undergoing treatment for rotator cuff sprain-strain. According to the progress report dated 8-12-2015, the injured worker reported improved pain and mobility of the right shoulder-upper arm. He was five months status post right rotator cuff repair. Per the treating physician (8-12-2015), the work status was partial, temporary disability. The physical exam (8-12-2015) of the right shoulder revealed a healed incision. There was subacromial tenderness and mild atrophy of the deltoid. Treatment has included surgery, physical therapy and medications. Per the physical therapy report dated 7-22-2015, the injured worker had been seen for 23 visits since 4-29-2015. Shoulder active motion was: Flexion 157 Abduction 160 HBB T12. Shoulder strength was Ext Rot 4+ out of 5, Int Rot 5 out of 5 and Flexion 4- out of 5. Passive shoulder motion was very close to full; scapular mobility was much improved. The request for authorization dated 8-21-2015 was to continue physical therapy right shoulder. The original Utilization Review (UR) (8-28-2015) denied a request for additional physical therapy twice a week for six weeks 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 Physical Therapy, Right Shoulder, 2 times wkly for 6 wks, 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

**Decision rationale:** The claimant sustained a work injury in September 2014 and underwent an arthroscopic right subacromial decompression with rotator cuff repair in March 2015. Post-operative treatments included physical therapy with completion of 24 sessions as of 07/21/15 with discharge to a home exercise program. When seen, he was continuing to perform his home exercise program. There was subacromial tenderness with mildly decreased range of motion. There was decreased supraspinatus and infraspinatus strength and mild deltoid trophy. Additional physical therapy was requested. After the surgery performed, guidelines recommend up to 24 visits over 14 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has already had an appropriate course of post-operative physical therapy including instruction in a home exercise program. Ongoing compliance would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for strengthening and range of motion. The number of additional visits requested is in excess of that recommended or what might be needed to revise the claimant's home exercise program if needed. The request is not medically necessary.