

<b>Case Number:</b>	CM15-0182278		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	01/08/2015
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/19/2015
<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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 65 year old male, who sustained an industrial injury on 1-8-15. The injured worker is being treated for right shoulder massive rotator cuff tear status post repair. Treatment to date has included nerve block, arthroscopic shoulder surgery with repair of rotator cuff tear and physical therapy (12 sessions were ordered on 5-27-15, it is unclear how many sessions have been completed). On 8-10-15, the injured worker complains of persistent pain in right shoulder with some weakness; status post arthroscopic surgery with repair of a large tear of rotator cuff; he notes progress with physical therapy. He is temporarily totally disabled. Physical exam of right shoulder on 8-10-15 revealed tenderness to palpation over the anterior cuff, well healed surgical portals, painful range of motion and positive impingement sign with slightly decreased rotator cuff strength. The treatment plan included continuation of physical therapy. On 8-12-15, a request for authorization was submitted for 6 physical therapy sessions of right shoulder. On 8-19-15 a request for 6 physical therapy sessions of right shoulder was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x3 for the right shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Shoulder.

**Decision rationale:** Physical therapy 2x3 for the right shoulder is not medically necessary per the MTUS Guidelines. The MTUS supports a transitioning of supervised therapy to an independent home exercise program. The MTUS Post Surgical Guidelines recommend up to 40 postoperative PT visits for this surgery. There is an operative report dated 4/2/15 that states that the patient underwent a left shoulder arthroscopic rotator cuff repair of a massive left rotator cuff tear, however the intraoperative reports and progress reports indicate this was a complete rupture of rotator cuff on the right side. The documentation is not clear on exactly how many post operative right shoulder PT visits the patient has had and the outcome in terms of objective measurements of functional improvement. Without clarification of this information, additional PT is not medically necessary.