

<b>Case Number:</b>	CM15-0207515		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	08/07/2012
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 64 ( ) year old male, who sustained an industrial injury on 8-07-2012. The injured worker is being treated for right shoulder bicipital tendinitis, and complete rotator cuff tear and rupture of right shoulder, not trauma. Treatment to date has included multiple surgical interventions (most recently right shoulder revision arthroscopy, Biceps tenotomy, subacromial decompression and rotator cuff repair on 3-05-2015) followed by 12 visits of postoperative physical therapy for strengthening as of 8-06-2015. Per the Primary Treating Physician's Progress Report dated 10-07-2015, the injured worker reported improvement in the function of his right shoulder. He no longer has rest or nocturnal pain. He continues to have weakness when attempting to lift more than 5-10 pounds. He is currently retired but has a new job that requires 35 pounds overhead lifting and he is hoping to reach this goal within the next 4-6 weeks. Objective findings included active elevation 160 degrees, internal rotation to L5 and good motor strength with pain. The plan of care included, and authorization was requested on 10-08-2015 for 12 sessions (2x6) of additional physical therapy. On 10-15-2015, Utilization Review non-certified the request for 12 sessions (2x6) of additional physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 2 times a week for 6 weeks for the right shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical 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:** Per the post-surgical treatment guidelines, the post-surgical treatment period for rotator cuff syndrome/Impingement syndrome is 6 months with a post-surgical physical medicine treatment of 24 visits over 14 weeks. The injured worker's surgery was performed on 3/5/15 so he is no longer in the post-surgical treatment period. The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. The injured worker has completed 12 physical therapy sessions to date. This request for 12 additional physical therapy sessions exceeds the recommendations of the guidelines. The request for additional physical therapy 2 times a week for 6 weeks for the right shoulder exceeds the recommendations of the guidelines. The request for Additional physical therapy 2 times a week for 6 weeks for the right shoulder is determined to not be medically necessary.