

<b>Case Number:</b>	CM15-0217534		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	09/21/2011
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2015

### 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 52 year old male who sustained an industrial injury on 09-21-2011. On 02-12-2015, the injured worker underwent arthroscopic rotator cuff repair, arthroscopic debridement of superior labral tear of the glenohumeral joint, arthroscopy subacromial decompression that was followed by postoperative physical therapy. Postoperative diagnoses included right shoulder rotator cuff tear and impingement with anterior superior labral tear of the glenohumeral joint. According to a physical therapy progress report dated 08-12-2015, the injured worker reported that the right shoulder had increased stiffness over the past few weeks. The provider noted that the injured worker's right shoulder had lost active range of motion over the past few weeks due to increased inflammation and irritation. Active range of motion of the right shoulder was 120 degrees with flexion and abduction. Internal rotation was thumb to spinous process of L1 degrees. External rotation was at 30 degrees. Strength was 4 minus out of 5 with flexion, abduction and external rotation. Strength was 4 out of 5 with internal rotation. Shoulder passive range of motion was 150 degrees with flexion and abduction. Internal rotation was at 50 degrees. External rotation was at 60 degrees. There was mild tenderness to the right anterior shoulder girdle and upper trapezius and levator scapulae with moderate tenderness to bicep tendon. There was concern that he was developing adhesive capsulitis as his shoulder symptoms increased while his blood sugar was erratic. He presented with capsular loss of mobility to all planes of the right shoulder. Physical therapy had been focusing on gentle range of motion while controlling pain and inflammation. He had been educated to perform his therapeutic exercises within his pain tolerance and ice following activities. The treatment plan included continuation of physical therapy with progress of right shoulder rotator cuff strengthening 2 times a week for 6 weeks. On 10-15-2015, Utilization Review non-certified the request for additional physical therapy 2 times a week for 6 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 2 times a week for 6 weeks for the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

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

**Decision rationale:** The patient presents with right shoulder pain. The current request is for Additional physical therapy 2 times a week for 6 weeks for the right shoulder. The patient is status post right shoulder rotator cuff repair and decompression from 02/11/2015. The treating physician's report dated 09/28/2015 (91B) states, "He is now about seven months out from his right shoulder rotator cuff repair and decompression and debridement. Unfortunately, he missed his last appointment so there was a delay in him continuing physical therapy. He reports that he has not had as much improvement since he had not been attending formal physical therapy." The physical therapy report from 08/12/2015 (78B) notes, "██████ right shoulder has lost AROM over the past few weeks due to increased inflammation and irritation. There is concern he may be developing adhesive capsulitis as his shoulder symptoms increased while his blood sugar was erratic. He does present with capsular loss of mobility to all planes of the right shoulder." The utilization review dated 10/15/2015 (3A) notes that the patient has completed 24 post-surgical physical therapy. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The patient's surgery is from 02/11/2015 and is past post-surgical timeline. MTUS page 8 on chronic pain requires satisfactory response to treatment including increased levels of function, decreased pain or improved quality of life. Given the lack of functional improvement while completing post-surgical physical therapy, additional sessions are not warranted. The current request is not medically necessary.