

<b>Case Number:</b>	CM15-0030057		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	08/22/2012
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 51 year old male patient who sustained an industrial injury on 8/22/2012. The diagnoses have included rotator cuff syndrome and impingement syndrome. A recent detailed clinical evaluation note is not specified in the records provided. Per the PT progress note dated 1/14/2015, he had complains of shoulder pain. Physical examination revealed range of motion-flexion of 155 degrees, abduction of 118 degrees and extension of 40 degrees and 4/5 muscle strength. The current medications list is not specified in the records provided. He has undergone left shoulder arthroscopic rotator cuff repair and left shoulder revision surgery in 10/2014. Per the records provided patient has completed 19 visits till 1/14/2015 and pending additional 5 physical therapy visits. On January 22, 2015 Utilization Review non-certified a request for eight sessions of physical therapy on the left shoulder, noting that five sessions of physical therapy are pending and approved and the reassessment for additional physical therapy should be done after they are completed. The California Medical Treatment Utilization Schedule was cited. On February 18, 2015, the injured worker submitted an application for IMR for review of eight sessions of physical therapy on the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x 4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post-Surgical Treatment Guidelines Post Surgical Rehabilitation (8 CCR 9792.24. 3), Shoulder. Sprained shoulder; rotator cuff (ICD9 840; 840.4).

**Decision rationale:** Physical Therapy 2 x 4 MTUS post-surgical guidelines recommend up to 24 post op visits over 14 weeks for this surgery. Per the records provided patient has already had 19 post op physical therapy visits and he had additional 5 physical therapy visits for this surgery pending. Per MTUS post-surgical guidelines, "If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery." There is no evidence of ongoing significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visit notes are not specified in the records provided. In addition per the cited guidelines "Patient education regarding postsurgical precautions, home exercises, and self-management of symptoms should be ongoing components of treatment starting with the first visit. Intervention should include a home exercise program to supplement therapy visits." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical Therapy 2 x 4 is not fully established for this patient at this time.