

<b>Case Number:</b>	CM15-0036745		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	02/12/2014
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: Minnesota, Florida  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 2/12/2014. The diagnoses have included right shoulder rotator cuff tear, biceps tenosynovitis and impingement status post rotator cuff repair (8/20/2014). Treatment to date has included medications, work restrictions and 12 post-op physical therapy sessions. Currently, the Injured Worker complains of right shoulder pain described as dull and achy. There is numbness over the cubital fossa and he is unable to use his right upper extremity without pain. He denies any numbness into the hand. He reports trouble sleeping due to pain. Objective findings included a positive Apley Scratch test, Impingement test and Speed's test. There is palpable tenderness to the medial epicondyle. On 2/06/2015, Utilization Review modified a request for post-op physical therapy (3x4) for the right shoulder noting that the number of sessions requested exceeds the guideline recommendations for a trial of physical therapy. The MTUS was cited. On 2/26/2015, the injured worker submitted an application for IMR for review of post-op physical therapy 3x4 for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op physical therapy 3 times a week for 4 weeks for right shoulder: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter, physical therapy.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** Per primary treating physician's progress report dated 12/17/2014 the injured worker was one month post surgery and had completed 13 sessions of postoperative physical therapy for the right shoulder. He continued to be limited with regard to range of motion and complained of weakness in flexion and abduction. On January 20, 2015 on the same provider indicates that the date of surgery was 8/20/2014. The physical therapy was started on October 15, 2014 and he had completed 12 sessions on 11/24/2014. He was on a home exercise program and had significant limited motion. The type of surgery was reported to be a right shoulder rotator cuff repair. On examination the abduction was 180 and forward flexion 170. Both shoulders had similar range of motion. Internal and external rotation were also similar. Impingement testing was said to be positive. The diagnosis was "status post right shoulder rotator cuff repair with evidence of possible frozen shoulder syndrome". However, the documented range of motion on that day does not support the diagnosis. There is an operative report in the medical records dated 8/20/2014 which indicates a postoperative diagnosis of rotator cuff tear, biceps tenosynovitis and impingement, and labral tear type I of the right shoulder. Surgery included rotator cuff repair and biceps tenodesis as well as arthroscopic subacromial decompression, labral debridement and microfracture of the greater tuberosity. There is a utilization review denial dated February 6, 2015 pertaining to postoperative physical therapy 3 times a week for 4 weeks for the right shoulder. The request was modified to postoperative physical therapy 2 times a week for 3 weeks for the right shoulder. The notes dated January 20, 2015 indicate "the patient then followed up with [REDACTED], board certified orthopedic surgeon who operated on the right shoulder on 1/8/2015". The notes also indicate on page 2 that the injured worker was not able to "raise the shoulder above shoulder level without the use of his opposite arm and hand. He has significant pain and weakness". However, on page 4 of the same report the measured range of motion of both shoulders is reported to be normal with abduction of 180 degrees. The inconsistencies in the examination findings probably represent an error and it is not certain if the injured worker had 1 or 2 surgeries. Based upon the request he likely has a frozen shoulder as reported and in the absence of any other documentation pertaining to the second surgery he probably only had one surgery. The postsurgical treatment guidelines for rotator cuff syndrome/impingement syndrome indicate 24 visits over 14 weeks. The postsurgical physical medicine treatment can be up to 6 months. The injured worker underwent surgery on August 20, 2014. Therefore the postsurgical physical medicine can continue through February 20, 2015. The documentation indicates that he had completed 12 postoperative visits for the right shoulder. The initial course of therapy is 12 visits and then with documentation of continuing functional improvement a subsequent course of therapy of 12 visits may be prescribed. The documentation also indicates a delay in starting the physical therapy. Therefore, with the diagnosis of a postoperative frozen shoulder the request for 12 additional physical therapy visits for the right shoulder is appropriate and the medical necessity of the request has been substantiated.