

<b>Case Number:</b>	CM15-0050369		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	04/12/2014
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: 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 48 year old male, who sustained an industrial injury on 04/12/2014 reporting low back pain and right shoulder discomfort. On provider visit dated 03/04/2015 the injured worker has reported improvement on shoulder. On examination revealed mildly tender to palpation anterior shoulder, shoulder pain on flexion, back was noted as tenderness on palpation to right sacral paraspinals. The diagnoses have included arthroscopic shoulder surgery and lumbar muscle strain. Treatment to date has included shoulder surgery, medication and physical therapy. The provider requested post -op physical therapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) post-operative physical therapy visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

**Decision rationale:** This patient presents with the right shoulder pain. The patient is s/p of right arthroscopic rotator cuff repair dated 11/06/14. The request is for eight post-operative physical therapy visits on 02/25/15. The patient has been instructed to return to work on 03/04/15 with restrictions per 03/04/15 report. According to the utilization review letter dated 03/05/15, the patient was certified with 24 post-operative physical therapy visits since surgery. Review of reports shows that the patient completed more than 18 sessions between 12/16/14-03/03/15. Per 03/04/15 report, the treater noted that the patient is improving with physical therapy. MTUS, post-surgical guideline, page 26-27 states that "Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks. Postsurgical physical medicine treatment period: 6 months." In this case, there no rationale provided for the requested additional therapy. There is no documentation of a flare-up or decline in function requiring formalized therapy. None of reports explain why the patient is unable to establish a home exercise program to manage pain. Furthermore, the request of additional 8 sessions exceeds what is allowed per guidelines. The request Is Not medically necessary.