

<b>Case Number:</b>	CM15-0051885		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	10/04/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: Florida  
 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 34 year old man sustained an industrial injury on 10/4/2013. The mechanism of injury is not detailed. Evaluations include right knee MRI. Diagnoses include right shoulder pain and dysfunction, right shoulder full thickness rotator cuff tear, right shoulder impingement, right shoulder acromioclavicular joint arthrosis, right shoulder partial biceps tendon tear, and status post right shoulder arthroscopy and rotator cuff repair. Treatment has included oral medications and surgical intervention. Physician notes on a PR-2 dated 2/25/2015 show complaints of right shoulder pain. Recommendations include passive home exercises, start active physical therapy, and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physical therapy 2-3 times a week for 4 weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page(s) 132-133 Page(s): Physical Medicine, page(s) 132-133.

**Decision rationale:** MTUS guidelines recommend 24 postoperative physical therapy sessions after shoulder surgery, with half that amount recommended initially. 12-18 visits were certified in 12/2014, and these have not yet been fully utilized. Now, another request for "2-3 times a week for 4 weeks" has been made. First, this is a vague request, as this could mean either 8 or 12 additional physical therapy sessions. Second, the patient should complete the physical therapy sessions that he was initially certified for and the results then be reviewed to determine if additional sessions are warranted. For these reasons, this request is not medically necessary.

**Range of motion testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Physical Examination, Flexibility, Computerized muscle testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG. Low Back Pain Chapter, Flexibility.

**Decision rationale:** Computerized/digital range of motion testing is being requested. MTUS and ACOEM guidelines do not address this request. Therefore, the ODG was referenced. The ODG states that computerized muscle testing is "not recommended. There are no studies to support computerized strength testing of the extremities." A medical provider should be able to perform a through physical exam without the aid of computerized testing. This request is not medically necessary.