

<b>Case Number:</b>	CM15-0080964		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	06/26/2013
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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:

This 60 year old man sustained an industrial injury on 6/26/2013. The mechanism of injury is not detailed. Diagnoses include right rotator cuff tear with impingement and osteoarthritis of the right acromioclavicular joint. Treatment has included oral medications, injection, physical therapy, and surgical intervention. Physician notes on a PR-2 dated 4/7/2015 show complaints of right shoulder pain. Recommendations include further physical therapy and follow up in three weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional post-op physical therapy 3 x 2 for the right shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical Therapy for Shoulder; Sprained shoulder; rotator cuff (ICD9 840; 840.4): Postsurgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks.

**Decision rationale:** The patient is s/p right arthroscopic shoulder surgery on 2/6/14 with more recent lysis of adhesions/ debridement, AC resection and Mumford acromioplasty on 1/12/15.

Review noted patient has completed 22/24 Post-op PT sessions with motor strength of 5/5. It is reasonable for the patient to be transitioned to a HEP from the remaining PT visits. Chronic Pain Guidelines, post-operative therapy allow for 24 visits over 14 weeks for shoulder arthroscopy with postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria. The Additional post-op physical therapy 3 x 2 for the right shoulder is not medically necessary and appropriate.