

<b>Case Number:</b>	CM13-0038103		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	08/20/2012
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Emergency Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 74 year-old with a date of injury of 08/29/12. The first occupational injury report on 11/13/12 identified the mechanism of injury as "heavy work activities". He was diagnosed with a ruptured right rotator cuff and underwent rotator cuff repair on 02/18/13. The most recent progress report included by [REDACTED] dated 09/04/13, noted significant improvement in pain and improved motion and strength with therapy. The patient felt that he was close to working full duty. Objective findings included decreased tenderness and improved range of motion. Diagnoses indicate that the patient was "Status post right rotator cuff repair." Treatment has included surgical repair, physical therapy (24 post-op visits) and oral analgesics. Physical therapy was provided from February to June of 2013. The patient had improvement in pain and range-of-motion. At that time additional physical therapy was recommended. However, assessment on 07/23/13 by his primary treating physician states that his shoulder had reached a plateau, and he was not working due to unavailability of modified duty. A Utilization Review determination was rendered on 09/20/13 recommending non-certification of "physical therapy twice per week for four weeks of the right shoulder".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2xWk x 4Wks, Right Shoulder:** 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): 98-99, Postsurgical Treatment Guidelines Page(s): 11, 12, 27.

**Decision rationale:** The MTUS Postsurgical Guidelines for the shoulder recommend postsurgical physical medicine consisting of 24 visits over 14 weeks with a treatment period of 6 months. The patient has now exceeded the timeframe for that guideline. The general guidelines for postsurgical treatment state that: "Treatment is provided to patients to facilitate postsurgical functional improvement" (page 12). They further note that: "If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period" (page 11). In this case, the patient had plateaued and without the necessary functional improvement to return to work. The Chronic Pain Guidelines for physical medicine were considered. These allow for "fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine" (page 99). In view of the extended number and duration of previous physical therapy sessions, ongoing treatments lack necessity.