

<b>Case Number:</b>	CM14-0108825		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/09/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 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/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:

The injured worker is a 59-year-old male with a reported date of injury on 07/09/2013. The mechanism of injury occurred when the injured worker stepped off of a trailer and fell on the ground, sustaining injuries to his left upper extremity. His diagnoses included status post left shoulder arthroscopy with subacromial decompression; debridement of partial thickness rotator cuff tear and adhesions and manipulation under anesthesia; trapezial, paracervical, and parascapular strain. The injured worker had previous treatments of acupuncture, hot and cold treatments, pain medications, non-steroidal anti-inflammatory drugs (NSAIDs), modified duties, and physical therapy. He also has had previous steroidal injections on 09/26/2013 without any reported improvement. The injured worker had a left arthroscopic surgery to his shoulder on 01/27/2014 and his records indicated that he did have postop physical therapy, although the exact number of sessions that he had was unknown. The injured worker had an examination on 06/02/2014 for the authorization of additional 12 physical therapy visits to the left shoulder. It was reported that the injured worker completed 6 sessions and there was an examination that revealed that his flexion had improved to 130 degrees, his abduction improved to 110 degrees, his internal rotation was 75 degrees, and his external rotation was 55 degrees. He had an evaluation for a comprehensive examination on 06/03/2014. It was reported that his pain and his mobility were improving with therapy. His medication list included Voltaren, Prilosec, and Methoderm gel. The recommended plan of treatment was for him to continue with physical therapy twice a week for the 6 weeks to work on stretching, modalities, rotator cuff strengthening and to continue his non-steroidal anti-inflammatory medications and lotions for his chronic pain and inflammation. The Request for Authorization was signed and dated for 06/06/2014.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy 2 times per week for 6 weeks for the left shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The California MTUS Guidelines recommend 24 sessions of physical therapy over 14 weeks post-surgically. The injured worker has had previous physical therapy and there is a report of increased range of motion. There is no evidence of a decrease in pain measured with the visual analog scale (VAS). There is a lack of documentation indicating exactly how many sessions of physical therapy the injured worker has completed. The guidelines recommend postsurgical physical therapy be completed within a 6 month period; however, the injured worker is outside of the 6 month period. Additionally, a recent complete assessment of the injured worker which demonstrates deficits needing to be addressed was not provided. Therefore, the request for the 2 times a week times 6 sessions for the left shoulder is not medically necessary.