

<b>Case Number:</b>	CM14-0140558		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	03/14/2011
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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 Orthopedic Surgery 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:

This 47-year-old male sustained an industrial injury on 3/14/11. Injury occurred due to cumulative trauma to both hands. Past surgical history was positive for bilateral carpal tunnel release, and bilateral trigger finger releases. The patient underwent left shoulder arthroscopy, subacromial decompression, distal clavicle resection, Mumford procedure, bursectomy, and debridement of a partial thickness rotator cuff tear on 3/20/14. The 7/21/14 treating physician report cited grade 8/10 left shoulder pain with lifting, reaching and pulling. Pain radiated down the left arm. Physical exam documented anterior shoulder tenderness and global grade 4/5 left shoulder weakness. Range of motion testing documented flexion 150, abduction 145, internal rotation 45, and external rotation 50 degrees. The treatment requested additional physical therapy to improved strength and range of motion, continued home exercises, and continued medications as needed. The patient was off work. The 7/29/14 utilization review denied the request for additional physical therapy as the patient had completed 24 post-operative sessions which should have provided ample time to transition to a dynamic home exercise program. The 8/19/14 treating physician report cited continued grade 7-9/10 left shoulder pain, increased with activities at and above shoulder level. Physical exam documented range of motion with flexion 175, abduction 175, internal rotation 75, and external rotation 85 degrees with pain at end-ranges. There was anterior left shoulder tenderness. Grip strength was 34/32/34 kg right, 24/28/30 kg left. The patient was to continue his home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physical therapy 2x4 left shoulder (completed 24 post-op to date): 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): 27.

**Decision rationale:** The California MTUS Post-Surgical Treatment Guidelines for rotator cuff repair/acromioplasty suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. 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. The postsurgical period would have continued until 9/20/14. The patient had completed the recommended course of post-operative therapy. There is no evidence of a significant functional loss to support the medical necessity of additional supervised physical therapy. There is no compelling reason to support the medical necessity of additional supervised therapy over an independent home exercise program to achieve additional rehabilitation goals. Therefore, this request is not medically necessary.