

<b>Case Number:</b>	CM14-0147055		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	10/29/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 Family 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 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 50 year old patient had a date of injury on 10/29/2013. The mechanism of injury was not noted. In a progress noted dated 7/10/2014, there were no subjective findings documented. On a physical exam dated 7/1/2014, the patient is noted to walk without difficulty or perceptible limp and is able to ascend on to and off the examination without difficulties. The diagnostic impression shows shoulder weakness status-post successful rotator cuff repair. Treatment to date: medication therapy, behavioral modification, arthroscopic surgery on 2/25/2014, 12 postoperative physical therapy sessions. A UR decision dated 8/5/2014 denied the request for postoperative physical therapy right shoulder, stating that the 6/16/2014 and 7/10/2014 exams appear identical word for word relative to objective findings and reflect no increased functional gains with the certification of interim treatment. Therefore, either the report is unreliable, the treatment is ineffective, or the patient is failing to respond to such after an unknown volume of sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post operative physical therapy right shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. ODG post-surgical treatment guidelines for arthroscopic surgery is 24 visits over 14 weeks. In a progress note dated 7/10/2014, it was recommended for this patient to undergo further postoperative physical therapy sessions. However, there were lack of documentation supporting functional improvements with previous sessions. Furthermore, the 7/10/2014 progress note was identical to the 6/16/2014 progress note in terms of objective and subjective findings, and in the 6/16/2014 progress note, the patient claims to have finished 4 total physical therapy sessions. Therefore, the request for Postoperative Physical Therapy for Right Shoulder is not medically necessary.