

<b>Case Number:</b>	CM14-0149570		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	01/23/2014
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for shoulder pain reportedly associated with an industrial injury of January 23, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier rotator cuff repair surgery and intraarticular debridement with subacromial decompression on May 13, 2014; and seven to twelve sessions of physical therapy, per the claims administrator. In an August 27, 2014 Utilization Review Report, the claims administrator partially approved a request for 12 sessions of physical therapy for the shoulder as eight sessions of the same. The applicant's attorney subsequently appealed. In an August 1, 2014 progress note, the applicant was described as making slow progress on 12 weeks removed from earlier shoulder arthroscopy of May 13, 2014. Limited shoulder range of motion with flexion and abduction in the 90-degree range were noted. It was stated that the applicant could consider a manipulation under anesthesia procedure at the next visit if unimproved. A shoulder corticosteroid injection was administered while the applicant was placed off of work, on total temporary disability. The applicant's physical findings, the attending provider noted, were grossly unchanged compared to her previous visits some six weeks prior. Additional treatment was nevertheless sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x 6 weeks for the right shoulder:** Upheld

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

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

**Decision rationale:** While the postsurgical treatment guidelines in MTUS 9792.24.3 do endorse a general course of 24 sessions of treatment following rotator cuff repair surgery, as apparently transpired here, this recommendation is qualified by commentary in MTUS 9792.24.3.c.4.b to the effect that postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine period in applicants in whom no functional improvement is demonstrated. In this case, the applicant is off of work, on total temporary disability. The applicant's range of motion and strength are seemingly unchanged from visit to visit, the attending provider has himself acknowledged. The applicant is, furthermore, apparently contemplating further surgical intervention involving the injured shoulder, it was stated on the August 1, 2014 office visit, referenced above. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite 7 to 12 prior sessions of postoperative physical therapy. Therefore, the request for additional physical therapy is not medically necessary.