

<b>Case Number:</b>	CM14-0177066		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	01/30/2014
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 is a 54-year-old male with a 1/30/14 date of injury, when he slipped and fell and injured his left shoulder and back. The patient underwent left shoulder biceps tendonesis with subacromial decompression and open rotator cuff repair on 5/21/14. The patient was seen on 10/9/14 with complaints of constant dull pain in the left shoulder and constant achy lower back pain radiating into the bilateral legs with numbness, tingling and weakness. Exam findings of the left shoulder revealed 1/10 pain and 4/5-muscle strength in left upper extremity. The flexion and abduction of the left shoulder were 150 degrees and the patient was able to reach above the shoulder with pain and reach overhead without pain. The patient completed 24 sessions of postoperative PT and was performing home exercise program. The diagnosis is status post left shoulder injury, lumbago and lumbar radiculitis. Treatment to date: left shoulder surgery, work restrictions, 24 sessions of postoperative PT and medications. An adverse determination was received on 9/26/14 for a lack of indications for extended PT treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Post-op physical therapy x 12, left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99, Postsurgical Treatment Guidelines.

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. In addition, for Post-surgical treatment after arthroscopic Rotator cuff syndrome/Impingement syndrome the Guidelines recommend 24 visits over 14 weeks. The progress notes indicated that the patient accomplished 24 sessions of postoperative PT with benefits. On the physical examination performed on 10/9/14 the patient's pain level was 1/10 and his flexion and abduction of the left shoulder were 150 degrees. Given that the patient's surgery was 6 months ago and that the patient was improving with PT treatment it is not clear, why he cannot transition into an independent home exercise program at this point. In addition, there is no rationale with clear indications for an extended PT treatment for the patient. Therefore, the request for Post-op physical therapy x 12, left shoulder was not medically necessary.