

<b>Case Number:</b>	CM14-0092251		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/18/2013
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 68-year old male with a reported date of injury on September 18, 2013. The mechanism of injury is described as being pushed in the left shoulder. Left shoulder arthroscopic rotator cuff repair with subacromial decompression was performed March 25, 2014. Physical exam performed May 21, 2014 noted passive range of motion was within normal limits and active motion is progressing. On May 22, 2014 the two month post-operative progress report noted motion is improving but the injured worker still has some weakness. The diagnosis is listed as rotator cuff tear. Occupational health note dated September 04, 2014, documented left shoulder soft tissue tenderness, no swelling or deformity, limited range of motion, no impingement. Sensory intact. Diagnosis: left shoulder strain improving. The treatment plan included continuation of medications and modified duty. A re-evaluation is scheduled to occur in one month from the date of the September 04, 2014 progress note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Post-Op Physical Therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Complaints Page(s): 4. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter

**Decision rationale:** ODG guidelines for shoulder impingement syndrome allow 10 PT visits over 8 weeks and shoulder post-arthroscopy, allow 24 PT visits over 14 weeks. CA MTUS - Physical Medicine; Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, there is little to no information as to prior physical therapy progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level with VAS, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. Furthermore, there is no mention of the patient utilizing an HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Additionally, the request for physiotherapy would exceed the guidelines recommendation. Therefore, the request is considered not medically necessary.