

<b>Case Number:</b>	CM14-0030826		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	08/10/2012
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Internal Medicine

### 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 48-year-old male, who sustained an industrial injury to the right shoulder on 08/10/2012. The injured worker complained of shoulder pain and was diagnosed with a torn tendon. Other previous injuries included injury to the low back, knees and right ankle approximately nine to ten years earlier. Documented treatments have included: conservative care, medications, an unknown amount of physical therapy, and right shoulder surgery (01/08/2013). Diagnostic testing to date has included: x-rays and MRIs. The latest or most current MRI and/or detailed results were not provided. At the time of the request for authorization, the injured worker complained of continuing and constant right shoulder pain with a severity rating of 7/10. Pertinent objective findings included tenderness to the right acromioclavicular joint and anterior aspect, restricted and painful range of motion, weakness in the right hand, and positive Neer's and Hawkin's tests. The injured worker was currently attending physical therapy for the right shoulder and reported that the therapy was not helping and making his pain worse. The injured worker's pain was also being treated with hydrocodone. Relevant diagnoses include status post right shoulder arthroscopic surgery with residual pain, other rotator cuff syndrome, other affections of the right shoulder, shoulder strain/sprain, and partial tear of rotator cuff. The treatment plan consisted of continued physical therapy (2x4), obtain a pre-op MRI, planned right shoulder surgery, home pulley system for the shoulder, MR arthrogram with contrast, and continued modified work duties with no lifting, pulling or pushing over 10 pounds, and no overhead work. The request for authorization includes 8 additional session of physical therapy for the right shoulder.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 2 times a week for 4 weeks to the right shoulder per report 02/06/14 QTY: 8.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (updated 01/20/14) Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Pages 98-99, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG Preface Physical Therapy Guidelines.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. The Postsurgical Treatment Guidelines indicate that for rotator cuff repair, 24 visits of postsurgical physical therapy over 14 weeks are recommended. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The patient is status post arthroscopic shoulder surgery on 1/13/13 followed with 24 authorized post-operative physical therapy visits. The patient was also certified 6 physical therapy visits on 11/15/13. The progress report dated 2/6/14 documented that the patient was evaluated for the right shoulder condition. The patient felt no changes in the right shoulder and continued to feel constant pain. The pain was rated as 7/10. On examination, there was tenderness at the right shoulder acromioclavicular joint and anterior aspect of the right shoulder. The abduction was 110 degrees, flexion was to 120 degrees and the rotations were restricted and painful. The patient was neurovascularly intact. There was weakness on the grip strength of the right hand. The patient was diagnosed with rotator cuff syndrome, shoulder sprain and strain, partial tear of the rotator cuff. MRI magnetic resonance imaging dated 2/25/14 demonstrated full-thickness tear of the distal fibers of the supraspinatus tendon with atrophy of the muscle belly and moderate acromioclavicular joint arthritis. MTUS Postsurgical Treatment Guidelines indicate that for rotator cuff repair, 24 visits of postsurgical physical therapy are recommended. Per ODG, patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. The medical records indicate that the patient had 30 visits of post-operative PT physical therapy authorized. The initial worker's compensation evaluation report dated 3/3/14 documented that the patient had right shoulder surgery on 1/8/13, and the patient did not benefit from surgery and post-operative physical therapy. Because the patient did not benefit from the PT physical therapy, the request for 8 additional visits of physical therapy exceeds MTUS and ODG guidelines, and is not supported. Therefore, the request for physical therapy is not medically necessary.