

<b>Case Number:</b>	CM14-0088618		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/21/2011
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 51 year old male, who sustained an industrial injury on 2-21-2011. The medical records submitted for this review did not include documentation regarding the initial injury. Diagnoses include left shoulder rotator cuff tear, glenoid labral tear, status post repair, cervical degenerative disc disease, left shoulder impingement syndrome and bilateral trapezial trigger points, status post multiple shoulder surgeries. Treatments to date include anti-inflammatory, Vicodin, and physical therapy. A progress reported dated March 6, 2014 states that the patient continues to have persistent pain, catching, and clicking of the left shoulder with marked difficulties with lifting and doing any overhead activities. Range of motion of the left shoulder is restricted with positive catch and drop test of the left shoulder. There continues to be winging of the scapula with scapular thoracic dyskinesia. Diagnoses include status post left shoulder arthroscopic subacromial decompression and repair of full thickness rotator cuff tear with long thoracic nerve palsy with winging of the scapula. The treatment plan request 8 additional therapy sessions. Currently, he complained of ongoing pain in the left shoulder status post arthroscopy on 11-13-13. On 5-12-14, the physical examination documented left shoulder tenderness and painful limited range of motion. The plan of care included a request to authorize eight additional physical therapy sessions for the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 additional physical therapy sessions for the left shoulder:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, the requesting physician has noted that scapular dyskinesia and range of motion have improved somewhat, but the patient continues to have functional deficits. The patient is noted to have a complex treatment course following arthroscopic decompression due to the long thoracic nerve injury with scapular winging and scapular dyskinesia. Unfortunately, these things are difficult to treat with a home exercise program alone, as scapular stabilization requires close monitoring to ensure exercises are performed correctly. As such, additional therapy beyond guideline recommendations is reasonable. In light of the above issues, the currently requested additional physical therapy is medically necessary.