

<b>Case Number:</b>	CM15-0001543		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	02/12/2014
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Orthopedic Surgery, Sports 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 47-year-old female who reported injury on 02/12/2014. The injured worker is status post arthroscopic superior labral repair and mini open rotator cuff repair and arthroscopic distal clavicle resection on 06/11/2014. Past medical treatment consists of surgery, physical therapy and medication therapy. Medications include Norco 5/325, naproxen, Lidoderm topical analgesic and multivitamin. On 12/03/2014, the injured worker underwent x-rays of the left shoulder which revealed that the glenohumeral joint was concentrically reduced; all other bony and soft tissue landmarks were otherwise unremarkable. On 01/05/2015, the injured worker was seen on a follow-up and complained of left shoulder pain. She reported that the shoulder pain was steadily decreasing with time and physical therapy. She described the pain as dull and achy. Physical examination of the left shoulder revealed no deformity, erythema, or soft tissue swelling. Surgical incisions are fully healed. Left shoulder had no tenderness, crepitus, and warmth or palpation deformity. Range of motion revealed abduction of 145 degrees, active humeral flexion was 165 degrees, active external rotation with the arm at side was 35 degrees. Neer's sign was positive, Hawkins impingement sign was positive and drop arm sign was not present. Medical treatment plan was for the injured worker to continue with physical therapy. The provider feels that additional physical therapy is necessary as the injured worker has not yet plateaued. Request for authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3x week for 4 weeks- left shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** The request for Physical therapy 3x week for 4 weeks- left shoulder is not medically necessary. The California MTUS Guidelines state that for postoperative sprained shoulder (rotator cuff repair), 24 visits over 14 weeks is recommended. The treatment period is usually 6 months. The submitted documentation indicated that the injured worker was postoperative left shoulder 06/11/2014. However, it did not indicate as to how many physical therapy sessions the injured worker has completed to date. Additionally, it was noted that the injured worker stated to have decreasing pain. In the absence of documentation regarding how many physical therapy sessions the injured worker has completed to date, the requested service cannot be established. As such, the request for Physical therapy 3x week for 4 weeks- left shoulder is not medically necessary.