

<b>Case Number:</b>	CM15-0011241		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	04/30/2014
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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:

This 54 year old male sustained an industrial injury to the left shoulder on 4/30/14. Magnetic resonance imaging left shoulder (6/10/14) showed a full thickness and complete tear of the supraspinatus tendon. The injured worker underwent large rotator cuff repair on 8/22/14. Severe atrophy involving the rotator cuff musculature was noted at the time of surgery. In a progress report dated 12/16/14, the physician noted that the injured worker had been continuing with physical therapy and was seeing slow progressive improvement. Physical exam was remarkable for shoulder asymmetry. The injured worker could now lift his left arm successfully almost to a full abducted position. There was minimal crepitus with ranging. Strength was 3/5 to the left upper extremity. Current diagnosis was status post large rotator cuff tear. Work status was modified with no use of the left upper extremity. The treatment plan included continuing physical therapy twice a week for six weeks. On 12/24/14, Utilization Review non-certified a request for Additional Physical Therapy 2 x 6 total 12 Sessions left shoulder noting that the injured worker had already undergone 29 sessions of postoperative physical therapy and citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy 2 x 6 total 12 Sessions left shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Shoulder

**Decision rationale:** Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Per the ODG guidelines: Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Medical treatment: 10 visits over 8 weeks: Post-injection treatment: 1-2 visits over 1 week: Post-surgical treatment, arthroscopic: 24 visits over 14 weeks: Post-surgical treatment, open: 30 visits over 18 weeks. The documentation submitted for review indicates that the injured worker has already undergone 29 sessions of postoperative physical therapy. Per the guidelines, 24 visits are supported over 14 weeks for arthroscopic rotator cuff repair which the injured worker underwent. As the requested additional sessions are in excess of the guideline recommendation, medical necessity cannot be affirmed.