

<b>Case Number:</b>	CM15-0119464		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: Massachusetts

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:

This is a 59 year old female with an October 16, 2012 date of injury. A progress note dated May 19, 2015 documents subjective complaints (increasing pain in the right shoulder with diminished range of motion), objective findings (decreased range of motion of the right shoulder; positive impingement), and current diagnoses (right shoulder recurrent tear involving anterior half of the supraspinatus and subscapularis tendon with early rotator cuff arthropathy). Treatments to date have included right shoulder rotator cuff repair on April 7, 2014, medications, magnetic resonance imaging of the right shoulder (February 20, 2015; showed posterior rotator cuff repair with recurrent tear involving anterior half of the supraspinatus and subscapularis tendon, slight retraction of subscapularis fibers, and a large gap over the anterosuperior humeral head), and transcutaneous electrical nerve stimulator unit. The treating physician documented a plan of care that included postoperative physical therapy for the right shoulder following rotator cuff repair revision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Post-operative physical therapy for the right shoulder, 3 times a week for 4 weeks:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work-related injury in October 2012 and underwent a right rotator cuff repair in April 2014. When seen, she was having increased pain and decreased range of motion. Physical examination findings included decreased range of motion with positive impingement testing. Post surgical treatment after the claimant's shoulder arthroscopy includes a postsurgical physical medicine treatment period of 6 months. In this case, the claimant's surgery was more than 12 month before and therefore the chronic pain treatment guidelines apply. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise her home exercise program. The request is not medically necessary.