

<b>Case Number:</b>	CM15-0145273		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	07/28/2014
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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:

The injured worker is a 54-year-old male who sustained an industrial injury on July 28, 2014. A primary treating office visit dated July 28, 2014 reported the patient status as "not improved significantly". Previous treatment to include: activity modification, physical therapy, medications, surgical repair. There is subjective complaint of "moderately severe dull shoulder pain occurring intermittently". A therapy follow up dated May 07, 2015 reported subjective complaint of stiffness and pain in the left shoulder. Objective assessment found decreased range of motion by 20% in all planes of motion; pain elicited with range flexion and extension. The goal is noted increasing range of motion and decrease pain. The treating diagnosis was shoulder strain and sprain. A surgical follow up visit dated June 19, 2015 reported subjective complaint of left shoulder pain with associated numbness and intermittent radiating to the elbow. He has been doing physical therapy and states "it helps somewhat." Objective assessment noted range of motion of the left shoulder: 160 degrees, 20 degrees to L4 and right shoulder with 170 degrees, 70 degrees and L2. The impression noted: "continues with anterior shoulder pain and lack of range of motion." The plan of care is to continue with physical therapy working on terminal range of motion; without restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x6 weeks for the left shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

**Decision rationale:** A claimant sustained a work injury in July 2014 and underwent an arthroscopic rotator cuff repair of a complete rupture in October 2014. As of 02/26/15 he had completed 23 postoperative treatments and case notes reference approval for 26 treatments. When seen, he was having constant aching shoulder pain. Physical examination findings included mild swelling with muscle spasms. There was decreased and painful range of motion. There was weakness and positive impingement testing. An additional 12 physical therapy treatment sessions are being requested. After the surgery performed, guidelines recommend up to 40 visits over 16 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy but has ongoing shoulder impairment and has not returned to unrestricted work. The number of additional visits requested remains within the guideline recommendation and is considered medically necessary.