

<b>Case Number:</b>	CM15-0177892		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	05/08/2012
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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, North Carolina

Certification(s)/Specialty: Family Practice

### 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 50 year old female who sustained an industrial injury May 8, 2012. Past history included status post right shoulder rotator cuff repair February 5, 2015. Diagnoses are right trapezius pain; status post right shoulder surgery; right shoulder internal derangement; right shoulder sprain, strain. According to a physician's notes dated March 30, 2015, the injured worker presented seven and a half weeks post-operatively. She stopped wearing a sling at about week six. She has completed seven physical therapy sessions thus far and is planning on going away on a trip in a week and will have two more physical therapy sessions before that time, leaving three additional therapies over two weeks. She reports she has intermittent pains radiating into her biceps and some stiffness in her hand. Objective findings included 100 degrees of elevation with about 35 degrees of external rotation. She was cautioned against being too active with pushing, pulling reaching and lifting her right upper extremity. On May 1, 2015, an additional 8 visits of physical therapy was requested and began on May 14, 2015. On June 9, 2015, 8 additional session of physical therapy was requested. According to physical therapy progress notes dated July 7, 2015 visit #26, the injured worker is improving with less guarding but still struggles with lifting. HEP (home exercise program) tolerated well and is progressing slightly but has difficulty reproducing good form and postural position at home. According to a primary treating physician's progress report dated August 20, 2015, the injured worker presented with right shoulder pain, which intermittently radiates down the biceps to the right forearm with mild lateral chest pain. The treating physician documented after a medical evaluation was performed July 29, 2015, the recommendation was for possible repeat right shoulder surgery,

additional physical therapy, medication, and cortisone injections for acute flares. According to a physician's notes dated August 28, 2015, the injured worker underwent an MRI Arthrogram, which demonstrated some contrast extravasating into the undersurface of the articular side of the repaired area, otherwise, the tendon appears intact. Objective findings included 150 degrees of abduction and 160 degrees of forward flexion with rotation of 45 degrees; extreme pain with attempted external rotation radiating down the anterolateral aspect of her shoulder; moderately positive impingement sign. Treatment plan included an injection into the subacromial space with Marcaine and Kenalog. At issue, is the request for authorization for retrospective additional post-operative physical therapy, quantity 6 date of service August 27, 2015. According to utilization review dated September 8, 2015, the request for a follow-up visit Quantity: 1 is certified. The request for additional Post-operative Physical Therapy, Quantity: 6 are non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective Additional post-op Physical Therapy QTY 6 DOS: 8/27/2015:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The patient suffered an injury to her right shoulder in 2012 and underwent right rotator cuff repair. She has subsequently developed another rotator cuff tear on a new arthrogram. The patient has completed 28 post-operative physical therapy (PT) visits, and her condition has not been advancing. The request is for an additional 6 PT visits. The patient has already exceeded the recommended 24 post-operative visits. There is no documentation of symptomatic or functional improvement. The patient is also outside the 6-month post-op period for PT. By this time, the patient should have transitioned to a home exercise program. Therefore, the request for 6 additional PT visits is not medically necessary or appropriate.