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| <b>Case Number:</b>   | CM15-0066876 |                              |            |
| <b>Date Assigned:</b> | 04/14/2015   | <b>Date of Injury:</b>       | 02/05/2014 |
| <b>Decision Date:</b> | 05/13/2015   | <b>UR Denial Date:</b>       | 03/30/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/08/2015 |

### 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 42-year-old male, who sustained an industrial injury on 2/05/2014. Diagnoses include osteoarthritis unspecified location shoulder region, other affections shoulder region NEC, rotator cuff sprain and strain, adhesive capsulitis of shoulder and lack of coordination. Treatment to date has included surgical intervention, medications, diagnostics home exercise and physical therapy. Per the Primary Treating Physician's Progress Report dated 3/13/2015, the injured worker reported for a follow up visit after left shoulder arthroscopy (11/18/2014). He is continuing with physical therapy but notes residual weakness. Physical examination of the left shoulder revealed mild painful arc in forward flexion greater than abduction with full range motion. He still has internal rotation contracture of 10-15 degrees. Rotator cuff strength 4/5 with supraspinatus and infraspinatus, others are 5/5. He has mild scapulothoracic glenohumeral dyskinesia/scapular dyskinesia. The plan of care included, and authorization was requested on 3/16/2015 for, 8 additional physical therapy visits for the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 8 additional visits (2x/week x 4 weeks) to 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 claimant is more than one year status post work-related injury and is being treated for left shoulder rotator cuff syndrome. He underwent arthroscopic surgery on 11/18/14 and as of 02/13/15 had completed 19 postoperative physical therapy treatments. When seen, he had ongoing decreased range of motion and strength. Post surgical treatment after the claimant's shoulder arthroscopy includes up to 24 physical therapy visits over 14 weeks with a postsurgical physical medicine treatment period of 6 months. Compliance with a home exercise program would be expected would not required specialized equipment. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for strengthening and range of motion. In this case, the additional number of visits being requested is in excess of the guideline recommendation and was not medically necessary.