

<b>Case Number:</b>	CM15-0072161		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	01/24/2011
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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 59 year old male, who sustained an industrial injury on 1/24/2011. Diagnoses have included knee degenerative osteoarthritis, shoulder acromioclavicular joint arthritis and shoulder impingement/bursitis. Treatment to date has included magnetic resonance imaging (MRI), left shoulder surgery, physical therapy, injections and medication. According to the progress report dated 3/10/2015, the injured worker presented for a recheck of the left knee and left shoulder. He was using a cane for ambulation and reported that pain in the knee was aggravated with prolonged walking. He reported that physical therapy was helping with the left shoulder pain and strengthening. Exam of the left knee revealed crepitus and mild edema and global anterior tenderness. Exam of the left shoulder revealed portal scars and no edema. Authorization was requested for additional post-op physical therapy for the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional post op Physical therapy 2x6 left shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, p98-99, Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** The claimant is more than 4 years status post work-related injury and underwent a right arthroscopic rotator cuff decompression and repair in September 2014. Completion of more than 50 skilled physical therapy treatments is documented. When seen, he had ongoing shoulder pain. There was decreased range of motion and mild tenderness. 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 and 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 for strengthening and self-applied modalities such as heat and ice. In this case, the claimant has already had an excessive course of post-operative physical therapy with therapeutic content to have included a home exercise program. Therefore, the requested additional physical therapy was not medically necessary.