

<b>Case Number:</b>	CM15-0072986		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	06/30/2012
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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 66 year old female who sustained an industrial injury on 6/30/12. The diagnoses have included shoulder strain, impingement of shoulder, cervicobrachial syndrome and left shoulder recurrent rotator cuff tear status post repair. Treatment to date has included medications, diagnostics, surgery, activity modifications, and 44 post-operative physical therapy sessions. Currently, as per the physician progress note dated 4/2/15, the injured worker was over 8 months post-operative rotator cuff repair. She has completed her physical therapy 2 weeks previous and an additional 8 visits was recommended for strengthening. It was noted that she remains weak and lacks full range of motion. The objective findings revealed tenderness to palpation at the deltoid at the rotator cuff insertion. The internal rotation adduction is to the lumbar region and passive forward elevation was painful. The injured worker has weak resisted abduction. The physician noted that the injured worker remains weak and has decreased range of motion. The previous therapy sessions were noted. Work status was off of work. The physician requested treatment included Physical therapy 2 times a week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** Three years status post work-related injury and underwent arthroscopic surgery for a recurrent rotator cuff tear in December 2012 an arthroscopic manipulation under anesthesia in August 2014. Her surgery was followed by extensive postoperative physical therapy. When seen, she had pain with range of motion and shoulder weakness. Physical therapy for the surgery performed could be expected to include up to 24 treatment sessions over a 14 weeks period of time with a postsurgical treatment period of six months. This case, the claimant has already had well in excess of the number of recommended treatments. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. 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 shoulder strengthening and range of motion. Providing additional skilled physical therapy services does not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The request IS NOT medically necessary.