

<b>Case Number:</b>	CM15-0092066		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	08/28/2013
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 47-year-old male who sustained an industrial injury on 08/28/2013. Mechanism of injury occurred while working for a moving company. Diagnoses include right shoulder rotator cuff tear, rotator cuff syndrome, and status post right shoulder rotator cuff revision in December of 2014. Treatment to date has included diagnostic studies, medications, surgery, and physical therapy. A physician progress note dated 04/06/2015 documents the injured worker notices improvement in his pain, strength and range of motion. Examination reveals active flexion of 110 degrees, passive flexion of 160 degrees, and shoulder flexion strength is 3.5/5. The injured worker would benefit from additional physical therapy until he has maximized his benefit as far as strength and range of motion. The physical therapy note dated 04/20/2015, visit number 21, and documents the injured worker has pain up to 8 out of 10 with right shoulder use. Flexion was to 140 degrees, abduction to 110 degrees and functional internal rotation reach ER in neutral position 20 degrees, and internal rotation in neutral position 50 degrees. Treatment requested is for extension post-operative physical therapy for the right shoulder x 8 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extension post operative physical therapy for the right shoulder x 8 sessions: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, extension postoperative physical therapy to the right shoulder times 8 is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is right shoulder massive rotator cuff tear. The injured worker is status post open rotator cuff repair (according to the operative note). The operative procedure was completed on December 22, 2014. The operative report diagnosis is right open rotator cuff. The injured worker received 27 sessions of physical therapy according to the documentation. The injured worker did well with improvement in ADLs and objective functional improvement. The guidelines recommend 30 visits over 18 weeks for a rotator cuff repair, open procedure. The injured worker, as noted above, received 27 sessions (May 19, 2015). The treating provider is now requesting an additional eight physical therapy sessions. There are no compelling clinical facts documented in the medical record indicating additional physical therapy over and above the recommended guidelines is indicated. The utilization review physician modified the request for a physical therapy sessions to three physical therapy sessions. This would result in a total of 30 physical therapy sessions. Consequently, absent compelling clinical documentation indicating additional physical therapy over and above that recommended by the guidelines (30 physical therapy sessions), extension postoperative physical therapy to the right shoulder times 8 is not medically necessary.