

<b>Case Number:</b>	CM15-0093395		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	08/27/2014
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 8/27/2014. He reported cumulative trauma from pushing and pulling objects. The injured worker was diagnosed as having cervical strain and bilateral shoulder impingement. Left shoulder magnetic resonance imaging showed moderate supraspinatus tendinosis, no rotator cuff tear, bicipital tenosynovitis and a ganglion cyst. Treatment to date has included physical therapy, home exercises, injections and medication management. In a progress note dated 4/20/2015, the injured worker complains of constant bilateral shoulder pain. Physical examination showed decreased shoulder range of motion. The treating physician is requesting post-operative physical therapy 3 times a week for 4 weeks to the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative Physical therapy 3 times a week for 4 weeks to the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical Therapy for Shoulder; Sprained shoulder; rotator cuff (ICD9 840; 840.4): Postsurgical

treatment (RC repair/acromioplasty): 24 visits over 14 weeks Postsurgical physical medicine treatment period: 6 months.

**Decision rationale:** The Chronic Pain Guidelines allow for physical therapy with fading of treatment to an independent self-directed home program. Post-surgical guidelines allow for up to 24 visits post arthroscopic rotator cuff repair over 14 weeks over a 6 month rehab period. However, it appears the shoulder arthroscopy was not authorized; thereby, the post-operative PT is not currently indicated. Chronic Guidelines for PT are applicable. Submitted review showed no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, nonspecific clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Post-operative Physical therapy 3 times a week for 4 weeks to the left shoulder is not medically necessary and appropriate.