

<b>Case Number:</b>	CM14-0145021		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	06/25/2012
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 56-year-old male who reported an injury on 06/25/2012, reportedly while descending from a 2 step stepstool, he twisted his left ankle, causing him to fall to the ground. . He was noted to have 7 to 8 physical therapy sessions. It was noted that the injured worker had left shoulder surgery on 10/23/2012. He sustained injuries to his neck, left shoulder, and left knee. The injured worker was evaluated on 07/22/2014 and it was documented that the injured worker had an injection to the left shoulder on 05/27/2014. He continued to have pain. He stated the most painful movement was out to the side. He pointed to the anterior part of the greater tuberosity as the area of pain. The pain was described as moderate, dull, with weakness, tingling, and numbness. He had pain when he reached up above his head or out to the side using his left shoulder. Physical examination of the left shoulder revealed no visible swelling, no erythema, ecchymosis, and incision sites were well healed. Palpation showed the bicipital groove was slightly tender. Impingement test showed a positive result. Range of motion to the left shoulder: forward flexion was 180 degrees, there was pain with elevation above 90 degrees, abduction was to 160 degrees, adduction was 55 degrees, and internal rotation was to T12. Biceps tendon test was mildly positive. Supraspinatus test was negative, with normal strength. Lift off test was negative. Sensation to the C5 distribution showed normal sensation to light touch. Medications included Celebrex and Vicodin. Diagnoses included pain, degenerative joint disease in the shoulder, AC joint arthritis, impingement syndrome, and rotator cuff tendinitis. A Request for Authorization was not submitted for this review.

### 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 left shoulder: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11, 26.

**Decision rationale:** The request for Post-OP Physical therapy 3 X a week for 4 weeks to the left Shoulder is not medically necessary. Postsurgical Treatment Guidelines state that "postsurgical physical medicine period" means the time frame that is needed for postsurgical treatment and rehabilitation services beginning with the date of the procedure and ending at the time specified for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision of this section. For all surgeries not covered by these guidelines the postsurgical physical medicine period is six (6) months. Treatment for Adhesive capsulitis is 24 visits over 14 weeks no more than 6 months of post-surgical medicine treatment. California MTUS Guidelines state that initial course of therapy means 1 half of the number of visits specified in the general course of therapy for a specific surgery, and the postsurgical physical medicine treatment recommendations. Postsurgical treatment following a rotator cuff repair includes 24 visits over 14 weeks. The injured worker's surgical procedure has not been authorized. Therefore, the request for Post-Op physical therapy 3xWk x 4Wks Left Shoulder is not medically necessary.