

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0016058 |                              |            |
| <b>Date Assigned:</b> | 10/11/2013   | <b>Date of Injury:</b>       | 09/22/2007 |
| <b>Decision Date:</b> | 01/02/2014   | <b>UR Denial Date:</b>       | 08/07/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/25/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Medicine & 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 physician 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.

### 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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The underlying date of injury in this case is 09/22/2007. The primary treating diagnoses include left shoulder pain/weakness, left anterior subscapularis calcific tendinitis, left cervical radiculopathy, and status post left shoulder arthroscopic rotator cuff repair with decompression and distal clavicle excision. An initial physician review notes that the patient received 25 session of physical therapy between 05/15/2013 and 08/05/2013. This review noted the patient had undergone multiple surgical procedures and that a transition to a home exercise program was reasonable but that the medical records did not support 18 additional sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for lower back area, multiple neck injury and left shoulder, 3 sessions per week for 6 weeks; 18 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Practice Guidelines Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines.

**Decision rationale:** The Post-Surgical Treatment Guidelines Section 24.3 states "If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine." Additionally, The Chronic Pain Medical Treatment Guidelines Section on Physical Medicine, page 99, recommends, "Allow for fading of treatment frequency plus active self-directed home Physical Medicine." The guidelines therefore anticipate that this patient would have transitioned to an independent home rehabilitation program, or, alternatively, that there would be specific functional goals for continuation of supervised physical therapy rather than independent home rehabilitation. The medical records do not provide such specific functional goals or rationale for continued supervised physical therapy. The 18 additional sessions would not be necessary in order to complete the transition to a home exercise program. The request for physical therapy for lower back area, multiple neck injury, and left shoulder, 3 sessions per week for 6 weeks; 18 visits in not medically necessary or appropriate.