

<b>Case Number:</b>	CM13-0046256		
<b>Date Assigned:</b>	02/20/2014	<b>Date of Injury:</b>	01/23/2012
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2013

### 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 Orthopedic Surgery 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:

Under consideration is a request for additional physical therapy 2x4 for the right shoulder. The California Post-Surgical Treatment Guidelines relative to labral repair suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. 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 period. Guidelines support the transition to independent exercise on completion of supervised active therapy. Guideline criteria have not been met for physical therapy treatment beyond the general course of therapy. This patient has completed 24 visits of post-operative physical therapy. The treating physician documented a progressive and uneventful rehab course with restoration of functional range of motion and full strength. The patient has been released to modified work. There is no documentation to support the medical necessity of continued supervised physical therapy versus independent home exercise. Therefore, this request for additional physical therapy 2x4 for the right shoulder is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ADDITIONAL PHYSICAL THERAPY TWO TIMES FOUR FOR THE RIGHT SHOULDER: Upheld**

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

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

**Decision rationale:** Under consideration is a request for additional physical therapy 2x4 for the right shoulder. The California Post-Surgical Treatment Guidelines relative to labral repair suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. 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 period. Guidelines support the transition to independent exercise on completion of supervised active therapy. Guideline criteria have not been met for physical therapy treatment beyond the general course of therapy. This patient has completed 24 visits of post-operative physical therapy. The treating physician documented a progressive and uneventful rehab course with restoration of functional range of motion and full strength. The patient has been released to modified work. There is no documentation to support the medical necessity of continued supervised physical therapy versus independent home exercise. Therefore, this request for additional physical therapy 2x4 for the right shoulder is not medically necessary.