

<b>Case Number:</b>	CM13-0050598		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	10/21/2005
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 21, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; and earlier shoulder surgery. In a Utilization Review Report dated October 30, 2013, the claims administrator partially certified a request for 18 sessions of physical therapy as 12 sessions of physical therapy. The applicant's attorney subsequently appealed. In a progress note dated August 12, 2013, the applicant was described as not working. The applicant was apparently described by her shoulder surgeon as an excellent candidate for a shoulder arthroscopy. Authorization for the same was sought, along with postoperative therapy. Ultracet and Naprosyn were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **EIGHTEEN (18) POSTOPERATIVE PHYSICAL THERAPY SESSIONS FOR LEFT SHOULDER:**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** As noted in MTUS 9792.24.3, an initial course of postoperative physical therapy treatment following shoulder surgery represents one-half of the general or overall courses of therapy. In this case, the applicant is undergoing an arthroscopic rotator cuff repair surgery. Section 9792.24.3 recommends a 24-session course of postoperative physical therapy treatment for the same over a span of six months. One-half of 24 visits represents 12 visits. The 18-session course of treatment, thus, runs well in excess of MTUS parameters. Accordingly, the request is not medically necessary as partial certification or conditional certification is not permissible through the Independent Medical Review process.