

<b>Case Number:</b>	CM13-0053193		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/09/2009
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 Internal Medicine and is licensed to practice in New York. 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. 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 patient is a 54 year old female with a date of injury on April 09, 2009. She fell in front of the nursing station. The listed diagnosis is adhesive capsulitis/supraspinatus sprain but the operative report noted a full rotator cuff tear on October 16, 2012. The patient had multiple visits of physical therapy for her shoulder and knee in 2010. She had a right shoulder arthroscopic acromioplasty with rotator cuff repair on October 16, 2012. On March 27, 2013 she had right shoulder physical therapy. There were six (6) visits at [REDACTED]. However, she had more visits as there were visits in April and May of 2013. On July 24, 2013 she has decreased right shoulder range of motion and pain. Forward elevation was 90 degrees. Abduction and rotation were 20 degrees. There was some rotator cuff weakness. She had been treated with physical therapy including H-wave modality treatments. The request on September 03, 2013 was for an additional nine (9) physical therapy visits. On September 04, 2013 forward elevation of the right shoulder was 125 degrees but she still had right shoulder pain. On October 09, 2013 it was noted that she had completed physical therapy. There was another request for approval for surgery but this was denied. There was a request for 12 visits of post operative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for nine (9) initial post operative physical therapy sessions, three (3) times a week for three (3) weeks for the right shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post Operative Physical Therapy. . Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Shoulder (Acute & Chronic), Surgery for adhesive capsulitis.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99.

**Decision rationale:** The patient had a recent course of physical therapy from April 2013 to October 2013. The exact number of physical therapy visits were not noted. There were six (6) visits of physical therapy in April 2013 and May 2013 but it was not until October 09, 2013 that a physician noted that physical therapy was completed. There was a previous review that approved 12 physical therapy visits for post operative surgery for capsulitis noting that the MTUS approves an initial half of the physical therapy visits and than post operative adhesive capsulitis was 24 visits but the same review denied the medical necessity of the shoulder surgery. We are left with chronic right shoulder pain as a reason for physical therapy. That allows for 9 to 10 visits providing there is documented improvement in the ability to do the activities of daily living during the course of physical therapy. She had at least six (6) visits and more from her recent 2013 course of right shoulder physical therapy and there was no improvement in her ability to do activities of daily living. In fact the result of the physical therapy was to request additional right shoulder surgery. Furthermore, the requested additional nine (9) visits would exceed the MTUS limit of a total of 9 to 10 visits when she already had at least six (6) visits and probably many more since April 2013 to October 2013. The requested additional nine (9) visits of right shoulder physical therapy is denied as not consistent with MTUS guidelines.