

<b>Case Number:</b>	CM13-0063674		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/05/2012
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 Internal Medicine and Emergency Medicine, and is licensed to practice in Florida. 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:

This patient is a 37 year-old with a date of injury of 10/05/12. A progress report associated with the request for services, dated 10/11/13, identified subjective complaints of neck pain radiating into the arms. Objective findings included decreased range-of-motion of the shoulder. Diagnoses included cervical disc disease and right shoulder adhesive capsulitis. Treatment has included shoulder arthroscopy in May of 2013. Twelve sessions of physical therapy each were approved in June and August of 2013. A Utilization Review determination was rendered on 10/29/13 recommending non-certification of "physical therapy for the right shoulder, three times a week for four weeks".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY FOR THE RIGHT SHOULDER, THREE TIMES A WEEK FOR FOUR WEEKS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 11, 12, AND 27.

**Decision rationale:** The MTUS Postsurgical Guidelines for the shoulder recommend postsurgical physical medicine consisting of 24 visits over 14 weeks with a treatment period of 6

months. The patient has now exceeded the timeframe for that guideline. The general guidelines for postsurgical treatment state that: "Treatment is provided to patients to facilitate postsurgical functional improvement". They further note that: "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". In this case, the number of postoperative visits has been exceeded and no specific functional improvement measures were documented for ongoing therapy. Therefore, the medical record does not document the medical necessity for 12 additional physical therapy sessions.