

<b>Case Number:</b>	CM13-0066034		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/15/2012
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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:

According to the records made available for review, this is a 46-year-old female with an August 15, 2012 date of injury, and March 29, 2013 right shoulder arthroscopy with subacromial decompression and distal clavical excision. At the time of request for authorization for additional physical therapy sessions 2x6, right shoulder (November 11, 2013), there is documentation of subjective (discomfort of right shoulder with associated weakness, stiffness, and difficulty sleeping at night due to pain) and objective (forward flexion and abduction of right shoulder to 150 degrees, internal rotation to the SI (sacroiliac joint) joint, and manual muscle testing at 4/5 in all planes) findings, current diagnosis (status post right shoulder subacromial decompression and distal clavical excision), and treatment to date (right shoulder surgery and 31 post-operative physical therapy sessions). Medical report identifies a request for additional physical therapy as patient has benefited from physical therapy in the past. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous physical therapy treatments

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL PHYSICAL THERAPY SESSIONS 2X6, RIGHT SHLD:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation California Code of Regulations, section 9792.20 Definitions Index

**Decision rationale:** The Postsurgical Treatment Guidelines identifies up to 24 visits of post-operative physical therapy over 14 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, the Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is one half of the number of sessions recommended for the general course of therapy for the specified surgery. The MTUS Definitions Index identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of status post right shoulder subacromial decompression and distal clavical excision. In addition, there is documentation of at least 31 post-operative physical therapy sessions completed to date, which exceeds guidelines. Furthermore, given documentation of a March 29, 2013 date of surgery, post-surgical physical medicine treatment period exceeds guidelines. Lastly, despite documentation that patient has benefited from physical therapy in the past, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous physical therapy treatments. the request for additional physical therapy sessions for the right shoulder, twice per week for six weeks, is not medically necessary or appropriate.