

<b>Case Number:</b>	CM13-0072275		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	01/15/2013
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 51-year-old male with a 1/15/13 date of injury and status post right shoulder arthroscopy with subacromial decompression on 8/20/13. At the time (12/2/13) of the Decision for physical therapy 2xwk x 4wks for right shoulder, there is documentation of subjective (right shoulder pain with slow progress and some weakness, but improving with therapy) and objective (near full range of motion of the right shoulder with 160 degrees of flexion) findings, current diagnoses (right shoulder tendinitis and rotator cuff syndrome), and treatment to date (24 previously authorized post-operative physical therapy sessions). There is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a Final Determination Letter for IMR Case Number [REDACTED] reduction in the use of medications or medical services as a result of physical therapy provided to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2XWK X 4WKS FOR RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** MTUS 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, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions 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 diagnoses of right shoulder tendinitis and rotator cuff syndrome. In addition, there is documentation of status post right shoulder arthroscopy with subacromial decompression on 8/20/13 and 24 postoperative physical therapy sessions authorized to date, which is the limit of guidelines. However, despite documentation of subjective (right shoulder pain with slow progress and some weakness, but improving with therapy) and objective (near full range of motion of the right shoulder with 160 degrees of flexion) findings, there is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. In addition, despite documentation that the patient is improving with previous therapy, 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 or medical services as a result of physical therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for physical therapy 2xwk x 4wks for right shoulder is not medically necessary.