

<b>Case Number:</b>	CM14-0001082		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	05/12/2011
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 Orthopedic Surgery 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 54-year-old male with a 5/12/11 date of injury, and revision right shoulder arthroscopy on 10/18/13. At the time (12/23/13) of the Decision for 12 post op sessions of physical therapy right shoulder, there is documentation of subjective (right shoulder pain) and objective (not specified) findings, current diagnoses (partial rotator cuff tear and status post subacromial decompression and acromioplasty (revision)), and treatment to date (post-op physical therapy). The number of previous post-op physical therapy treatments cannot be determined. In addition, 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 post op physical therapy treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 POST OP SESSIONS OF PHYSICAL THERAPY RIGHT SHOULDER:** Upheld

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

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

**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 a diagnosis of partial rotator cuff tear and status post subacromial decompression and acromioplasty (revision). In addition, there is documentation of status post revision right shoulder arthroscopy on 10/18/13 and previous post-op physical therapy treatments. However, there is no documentation of the number of previous post-op physical therapy treatments completed to date. 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 post op physical therapy treatments completed to date. Therefore, based on guidelines and a review of the evidence, the request for 12 post op sessions of physical therapy right shoulder is not medically necessary and appropriate.