

<b>Case Number:</b>	CM14-0109177		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/12/2012
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

The patient has an injury date of 4/12/12. A utilization review on 6/26/14 recommends modification of physical therapy from 12 sessions to 4 sessions. The patient has already undergone 20 postoperative therapy sessions. A medical report on 5/28/14 indicates the patient is currently receiving physical therapy and has a home Dynasplint. She has been having right wrist and elbow pain and has been taken off work for four months from labral repair and SAD. On exam, there is improved forward flexion and abduction. Patient has mild right elbow tenderness to the triceps, lateral epicondyle, and complete range of motion of the right wrist with mild tenderness of the dorsal capsule and trace swelling. Patient also has weakness with grip and some atrophy of the forearm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 physical therapy session to the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG; Shoulder.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-12 and 27.

**Decision rationale:** The California MTUS supports up to 24 sessions of physical therapy after shoulder surgery, an initial course of therapy consisting of 12 sessions may be prescribed. Given documentation of functional improvement, a subsequent course of therapy is recommended. Records reviewed, indicate 20 physical therapy sessions have been completed. The patient has improved with range of motion (ROM), but some ROM deficits remain. She has been instructed in home exercises and is utilizing a Dynasplint. A few additional physical therapy sessions appear appropriate, but there is no rationale for 12 additional sessions, which well exceeds the recommendations of the CA MTUS. In light of the above issues, the currently requested physical therapy is not medically necessary.