

<b>Case Number:</b>	CM14-0013119		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	05/19/2012
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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:

This 39-year-old police officer sustained an industrial injury on May 19, 2012. Injury occurred during an altercation with a subject, when they fell together to the ground and he felt his right shoulder pop and developed pain and swelling in the right wrist. Past medical history was positive for right shoulder reconstruction in on September 9, 2005. The July 16, 2012 right shoulder MR arthrogram impression documented post-operative changes suggestive of prior anteroinferior labral repair, no indications to suggest discrete tear/re-tear, mild scarring and scattered surgical clips, intact rotator cuff, and mild degenerative changes of the acromioclavicular joint. The patient underwent right shoulder arthroscopic subacromial decompression, partial acromioplasty, biceps tenodesis, debridement of the glenohumeral joint and labrum, and removal of loose suture on September 16, 2013. Post-operative physical therapy treatment initiated on October 17, 2013, with twelve visits completed as of November 26, 2013. The December 17, 2013 progress report cited constant right shoulder pain, increased with movement and limiting range of motion. Physical exam findings documented global shoulder tenderness, positive Neer's and Hawkin's tests, limited active and passive range of motion, and pain with flexion abduction and extension range of motion. The treating physician stated the patient had completed three of twelve authorized physical therapy visits. The treatment plan recommended twelve additional physical therapy visits for the right shoulder. The January 20, 2014 treating physician report indicated that he had completed his course of physical therapy and was awaiting authorization of another course of care. Subjective complaints included constant right shoulder pain, increased with movement of the right upper extremity, and limited movement. Physical exam findings documented global right shoulder tenderness, positive Neer's and Hawkin's tests, and limited and painful range of motion. The diagnosis was degenerative changes right shoulder joint, right shoulder adhesive capsulitis, and status post right shoulder

surgery. The treatment plan recommended continued medications and home exercise pending additional physical therapy. The January 30, 2014 utilization review denied the request for additional post-operative physical therapy 2x6 based on an absence of documented medical necessity relative to the surgery performed, treatment prescribed and completed to date, and current patient condition.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **ADDITIONAL POST OPERATIVE PHYSICAL THERAPY TWO TIMES SIX RIGHT SHOULDER QUANTITY 12:00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POSTSURGICAL TREATMENT GUIDELINES, , 26-27

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

**Decision rationale:** The Post-Surgical Treatment Guidelines for rotator cuff repair/acromioplasty suggest a general course of 24 post-operative visits over fourteen weeks during the six month post-surgical treatment period. 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. Physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. The post-surgical physical medicine period would have continued through March 16, 2014. Guideline criteria have not been met. The patient appears to have been at least authorized (and potentially completed) 24 visits to date, consistent with the general course of care. There is no objective measurable functional improvement documented with post-operative physical therapy after November 26, 2013. There is no current documentation of functional treatment goals to be addressed by additional physical therapy treatment in excess of the general course of care. The medical necessity of additional supervised physical therapy versus continued home exercise was not documented. The request for additional post operative physical therapy for the right shoulder, twice weekly for six weeks, is not medically necessary or appropriate.