

<b>Case Number:</b>	CM14-0017805		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Texas and Colorado. 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 injured worker is a 46-year-old male who reported an injury on 03/01/2013. The injured worker was complaining of right shoulder pain and stiffness. The injured worker also complains that the pain awakens him several times a night. On physical examination dated 06/03/2014, there was tenderness to palpation present anteriorly. Range of motion is limited to 75% of normal limits, strength is 5/5 throughout the upper limbs, sensation to light touch is intact, and skin is intact. The injured worker's diagnoses are sprain/strain of right shoulder, which is the primary diagnosis, and right glenoid labrum tear. The injured worker's past treatments and diagnostics include right shoulder surgery dated 02/19/2013 and physical therapy that started on 03/12/2014. The Request for Authorization Form was not submitted with the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post op physical therapy times (72) visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

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

**Decision rationale:** The request for postop physical therapy x72 visits is not medically necessary. The Postsurgical Treatment Guidelines state that postsurgical treatment for arthroplasty of shoulder is for 24 visits over 10 weeks; postsurgical physical medicine treatment period is for 6 months. The guidelines also indicate active therapy requires an internal effort by the individual to complete a specific exercise task. This form of therapy may require supervision from a therapist or a medical provider, such verbal, visual, and/or tactile instructions. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The injured worker's range of motion had increased to 75% of normal limit, and the strength is at 5/5 throughout the upper limbs, per clinical documentation dated 06/03/2014. The injured worker had already completed course of 24 physical therapy sessions, as per documentation that was provided. Therefore, the request for postop physical therapy x72 visits would exceed guidelines. As such the request is not medically necessary.