

<b>Case Number:</b>	CM14-0115788		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	04/18/2011
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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 Family 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:

The patient is a 62-year-old female who has submitted a claim for status post right shoulder arthroscopy, synovectomy, debridement of labral tear, rotator cuff repair, decompression and distal clavicle excision (12/12/13) associated with an industrial injury date of April 18, 2011. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of right shoulder pain. Physical examination revealed poor active ROM, and poor strength. Treatment to date has included right shoulder arthroscopy for right shoulder, subacromial decompression and distal clavicle resection. She also had attended 36 sessions of postoperative therapy to date. A PT progress note dated 7/16/2014 mentioned that the patient was improving very slowly and was considered stuck. Utilization review from June 26, 2014 denied the request for Extension - Post -Op Physical Therapy right shoulder because there was no indication as to why supervised therapy was required for the patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extension - Post -Op Physical Therapy right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

**Decision rationale:** CA MTUS Post-Surgical Treatment Guidelines, Shoulder chapter, states postsurgical treatment of up to 24 post-operative physical therapy visits over 14 weeks for patients who underwent arthroscopic surgery are recommended with postsurgical physical medicine treatment period of 6 months. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. In this case, the patient had 36 postoperative visits of physical therapy already. This total number of visits already exceed the guideline recommended 24 visits. Moreover, the postoperative rehabilitation period is over. As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, frequency of physical medicine should be tapered and transition into a self-directed home program, of which the patient should already be on. Furthermore, there the previous therapy visits did not prove to be effective in the patient as a progress note mentioned that the patient was already stuck in terms of improvement. Moreover, this present request did not specify the number of visits desired. Therefore, the request for Extension - Post -Op Physical Therapy right shoulder is not medically necessary.