

<b>Case Number:</b>	CM14-0119722		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	11/05/2013
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 and is licensed to practice in New York. 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 43 year old female who reported an injury on 11/05/2013. The mechanism of injury from a trip and fall. The injured worker's diagnoses included status post right shoulder labral repair and status post right surgical decompression. The injured worker's past treatments included 24 physical therapy sessions and a home exercise program. The injured worker's diagnostic studies included an official magnetic resonance imaging of the right shoulder on 12/24/2013, which indicated a SLAP lesion with a 2cm paralabral cyst in the spinglenoid notch, and moderately severe tendinosis. On 02/20/2014 the injured worker had an arthroscopic decompression and acromioplasty with a partial synovectomy and anterior labral tear repair. On the clinical note dated 04/08/2014, the injured worker complained of soreness and discomfort, but overall she reported she felt better than she did immediately after surgery. The injured worker was noted to have decreased range of motion in the right shoulder with flexion to 160 degrees, abduction to 160 degrees, motor strength was 4/5 with flexion, and abduction. She has been treated with non-steroidal anti-inflammatories. The injured worker's treatment plan was for physical therapy 3 times week times 4 weeks. The rationale for the request was to regain further range of motion of the shoulder, as well as strength and endurance. The request for authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a week times 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**Decision rationale:** The request for physical therapy 3 times a week times 4 weeks is not medically necessary. The injured worker was noted to be status post right shoulder arthroscopic decompression and acromioplasty with a partial synovectomy and anterior labral tear repair. She has completed 24 sessions of physical therapy post-operatively to date. The California MTUS guidelines states Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend 9-10 visits over 8 weeks. The injured worker has completed 24 visits of physical therapy postoperatively, and is out of the surgical treatment window of 6 months. There is a lack of documentation that indicates significant objective functional deficits to warrant additional visits of physical therapy. Additionally, the request is for 12 visits, which exceeds the guidelines recommendation of 9-10 visits. The request does not indicate the body part in which physical therapy is being requested for. As such, the request for physical therapy 3 times a week times 4 weeks is not medically necessary.