

<b>Case Number:</b>	CM14-0122760		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	07/09/2013
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Occupational 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:

According to the records made available for review, this is a 49-year-old male with a 7/9/13 date of injury, and status post left shoulder arthroscopy with subacromial decompression, debridement, and manipulation under anesthesia 1/27/14. At the time (7/15/14) of request for authorization for Physical therapy 2xwk x 6wks left shoulder, there is documentation of subjective (pain and mobility in shoulder improving with therapy) and objective (slight trapezial, paracervical, and parascapular tenderness on the left, forward elevation 150 degrees, external rotation 45 degrees, internal rotation to T12 at the left shoulder with some pain, and some slight acromioclavicular tenderness on left) findings, current diagnoses (status post left shoulder arthroscopy with subacromial decompression, debridement, and manipulation under anesthesia and trapezial, paracervical, and parascapular strain), and treatment to date (physical therapy, surgery, and medications (including ongoing treatment with Voltaren, Prilosec, and Menthoderm gel)). 7/11/14 medical report identifies patient has received 27 physical therapy sessions to date. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of physical therapy provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2xwk x 6wks left shoulder:** Upheld

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

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

**Decision rationale:** MTUS Postsurgical Treatment Guidelines identifies up to 24 visits of post-operative physical therapy over 14 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post left shoulder arthroscopy with subacromial decompression, debridement, and manipulation under anesthesia and trapezial, paracervical, and parascapular strain. In addition, there is documentation of status post left shoulder arthroscopy with subacromial decompression, debridement, and manipulation under anesthesia on 1/27/14 and at least 27 sessions of post-operative physical therapy sessions completed to date, which exceeds guidelines. Furthermore, given documentation of a 1/27/14 date of surgery, post-surgical physical medicine treatment period exceeds guidelines. Lastly, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of physical therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for Physical Therapy 2xwk x 6wks Left Shoulder is not medically necessary.