

<b>Case Number:</b>	CM14-0126300		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	07/30/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 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 59-year-old female who sustained an injury to the right shoulder on 07/30/2013. The patient underwent a right shoulder arthroscopy with subacromial decompression and cuff repair on 12/17/2013. She initiated post-op physical therapy at [REDACTED] on 01/06/2014. She had been certified for 24 post-op physical therapy sessions along with a 30-day trial of TENS unit for home use. On the latest exam on 07/14/ the patient presented for follow up of right shoulder pain; she had some interval improvement of her symptoms since last being seen. Range of motion- flexion 0 to 180 degrees, external rotation 0 to 45 degrees, and internal rotation to T10. Improved strength with abduction testing. Transition physical therapy to home exercise program was recommended. She has attended 23 sessions of physical therapy till date. Diagnosis: Status post right shoulder arthroscopy, subacromial decompression and cuff repair. The Request for 8 Sessions of Physical Therapy (2x4) was previously non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Sessions of Physical Therapy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98.

**Decision rationale:** As per CA MTUS guidelines, physical medicine 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. ODG guidelines for shoulder impingement syndrome, allow 10 PT visits over 8 weeks and shoulder post-arthroscopy, allow 24 PT visits over 14 weeks. CA MTUS - Physical Medicine; Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, the injured worker has improved; her shoulder range of motion is within the normal range. At this juncture, she should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Additionally, the request for 8 PT visits would exceed the guidelines recommendation. Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines.