

<b>Case Number:</b>	CM14-0127428		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	07/27/2012
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 30-year-old male with a 7/27/12 date of injury, and left shoulder arthroscopy, subacromial decompression, and debridement of rotator cuff on 4/17/14. At the time (7/23/14) of request for authorization for Physical therapy 3x4 left shoulder, there is documentation of subjective (low back and left shoulder pain) and objective (positive impingement sign over left shoulder) findings, current diagnoses (left shoulder impingement syndrome and lumbosacral spine spondylolisthesis), and treatment to date (24 sessions of physical therapy treatments and medications). Medical report identifies that patient's left shoulder has improved from previous physical therapy. There is no documentation of a statement of exceptional factors to justify going outside of guideline parameters; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medical services as a result of previous physical therapy treatments completed to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3x4 left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 474.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 9792.24. 3. Postsurgical Treatment Guidelines; and Title 8, California Code of Regulations, section 9792.20

**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 left shoulder impingement syndrome and lumbosacral spine spondylolisthesis. In addition, there is documentation of status post left shoulder arthroscopy, subacromial decompression, and debridement of rotator cuff on 4/17/14 and 24 sessions of post-operative physical therapy sessions completed to date, which is the limit of guidelines. However, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. In addition, despite documentation that patient's left shoulder has improved from previous physical therapy, 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 medical services as a result of previous physical therapy treatments completed to date. Therefore, based on guidelines and a review of the evidence, the request for Physical therapy 3x4 left shoulder is not medically necessary.