

<b>Case Number:</b>	CM14-0132812		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	04/27/2011
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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:

According to the records made available for review, this is a 66-year-old male with a 4/27/11 date of injury, and right shoulder arthroscopy and rotator cuff repair on 4/24/14. At the time (7/11/14) of request for authorization for Physical Therapy, right shoulder, 18 sessions, there is documentation of subjective (shoulder pain) and objective (decreased shoulder range of motion) findings, current diagnoses (right shoulder sprain/strain with possible internal derangement), and treatment to date (medications and 36 previous postoperative physical therapy treatments). Medical report identifies that previous physical therapy treatment decreased pain. 4/24/14 operative report identifies a complete tear of the supraspinatus tendon. 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 medications as a result of physical therapy treatments to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, right shoulder, 18 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines Page(s): 27.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Physical Therapy (PT) Other Medical Treatment Guideline or Medical Evidence: <Insert Other Basis/Criteria>

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) post-surgical Treatment Guidelines identifies up to 40 visits of post-operative physical therapy over 5 weeks and post-surgical physical medicine treatment period of up to 3 months. In addition, California 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. California 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. ODG states that when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of a diagnosis of right shoulder sprain/strain with possible internal derangement. In addition, there is documentation of status post right shoulder arthroscopy and rotator cuff repair on 4/24/14 and previous post-operative physical therapy sessions. . However, given documentation of 38 post-operative physical therapy treatment, which in addition, to the requested 18 additional treatments, would exceed guidelines, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. In addition, despite documentation that previous physical therapy treatment decreased pain, 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 treatments to date. Therefore, based on guidelines and a review of the evidence, the request for Physical Therapy, right shoulder, 18 sessions is not medically necessary.