

<b>Case Number:</b>	CM14-0132975		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	01/25/2010
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 Internal Medicine and is licensed to practice in Virginia and Washington D.C. 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:

This is a 68 year old patient who sustained injury on Jan 25 2010 to his lower back . He was diagnosed with degenerative disc disease on Feb 3 2010. He had ongoing issues with pain and had a lumbar MRI on April 27 2010. ██████ saw the patient on June 30 2010 for focal dystonia of the right hand. ██████ noted on June 30 2014 that the patient had right shoulder surgery and 25 therapy session; despite this, the patient was still having trouble with stiffness from self-abduction and was also seeing a surgeon, ██████. He was prescribed 8-12 physical therapy sessions for the right shoulder and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy-Post-Op For Eight To Twelve Sessions, In Treatment Of The Right Shoulder Quantity : 12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- shoulder, physical therapy.

**Decision rationale:** Per ODG, recommend. Use of a home pulley system for stretching and strengthening should be recommended(Thomas 2001). For rotator cuff disorders, physical therapy

can improve short-term recovery and long-term function. For impingement syndrome significant results were found in pain reductions and isodynamic strength(Bang 2000). Self traing may be as effective as physical therapy supervised rehabilitation of the shoulder in post-surgical treatment of patients treated with arthroscopic subacromial decompression(Anderson 1999). For adhesive capsulitis, injection of corticosteroid combined with a simple home exercise program is effective in improving shoulder pain and disability in patients. Adding supervised physical therapy provides faster improvement in shoulder range of motion. When used alone, supervised physical therapy is of limited efficacy in the management of adhesive capsulitis(Carette 2003). For physical therapy, allow for fading of treatment frequency(from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical therapy in the ODG preface. Medical treatment-16 visits over 8 weeks for adhesive capsulitis. Medical treatment-10visits over 8 weeks for sprained shoulder of rotator cuff. Medical treatment-9 visits over 8 weeks for arthritis. Medical treatment-24visits over 14 weeks for acromioplasty. From the documentation provided, it appears that the patient is under the care of one physician but is having physical therapy ordered by another physician. There is not enough medical evidence to support this indication.