

<b>Case Number:</b>	CM14-0154531		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	07/17/2013
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Orthopedic Surgeon and is licensed to practice in New York. 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 60-year-old female status post right shoulder rotator cuff repair and subacromial decompression. The patient continues to have right shoulder pain and restricted movement. The patient had a date of injury of July 17, 2013 due to repetitive motion. The patient had right i shoulder surgery on April 25, 2014. The patient is documented as having right shoulder pain that is mild right hand pain and stiffness. The patient is doing home exercise program. Physical examination reveals restriction of shoulder range of motion. At issue is whether additional 6 sessions of physical therapy a medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional PT 2 x 3 for the right hand and right shoulder:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS hand and shoulder pain chapter, ODG shoulder pain chapter and hand chapter

**Decision rationale:** The medical records do not established necessity for additional formal PT sessions for the right hand and shoulder. By this time postoperatively the patient should be familiar with a self-directed home exercise program to address current symptoms. The medical

records do not describe any postoperative complications. Guidelines recommend up to 24 postsurgical PT sessions for the shoulder. There is no clear documentation as to exactly, any postoperative physical therapy sessions the patient has had. Medical necessity for additional physical therapy has not been established in the current medical records. Criteria for additional physical therapy not met.