

<b>Case Number:</b>	CM14-0160852		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	10/17/2012
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 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 injured worker is a 54-year-old woman with persistent difficulties with her right shoulder. Injured worker underwent right shoulder arthroscopy with extensive intra-articular debridement and synovectomy, complex repair of large right shoulder rotator cuff tear and right shoulder arthroscopic subacromial decompression coracoacromial ligament release. There was a large tear with uncovering of the humeral head. She is status post shoulder arthroscopy and repair for a large pair with marginal convergence and anchor. The injured worker underwent 16 sessions of physical therapy. Physical examination of the shoulder was notable for pain with range of motion. Anything above 30 to 40 of abduction, followed flexion or external rotation caused sharp pain. A progress note dated June 19, 2014 was present that indicates the injured worker underwent physical therapy to the affected shoulder. As of July 21, 2014, there was slight progress after two weeks of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3X6=18 for the 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 Official Disability Guidelines (ODG); Shoulder Section, Physical Therapy

**Decision rationale:** Pursuant to the Official Disability Guidelines, physical therapy three times a week times six weeks (18 visits) for the right shoulder are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction, or negative direction (prior to continuing physical therapy). The guidelines allow postsurgical treatment, 24 visits to 14 weeks arthroscopic. In this case, the treating physician requested three visits a week with an expected duration of eight weeks (24) physical therapy sessions. Injured worker underwent right shoulder arthroscopy with extensive intra-articular debridement and synovectomy, complex repair of large right shoulder rotator cuff tear and right shoulder arthroscopic subacromial decompression coracoacromial ligament release. The injured worker underwent 16 sessions of physical therapy. The guidelines allow for 24 physical therapy sessions post arthroscopic surgery. (Eight additional physical therapy visits would not exceed the total PT limit enumerated by the ODG). There is no clinical rationale the medical record indicating why an additional 18 physical therapy visits were warranted. Consequently, 18 additional visits physical therapy three times a week for six weeks for the right shoulder is not medically necessary. Based on clinical information the medical record and the peer-reviewed evidence-based guidelines, physical therapy three times a week times six weeks (18 visits) for the right shoulder are not medically necessary.