

<b>Case Number:</b>	CM14-0165235		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	08/07/2012
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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:

The injured worker is a 44-year-old male who sustained an injury on 08/07/12. As per 9/25/14 report, he presented with pain in the right shoulder joint with stiffness. He had pain in the periscapular area of the right shoulder which was not improving. Exam revealed tenderness of the posterior and right side of the neck and swelling and tenderness of the anterior and superior aspects of the right shoulder. Right shoulder ROM (range of motion) was 160 in forward flexion and 140 in abduction which had improved compared to the 7/24/14 exam when ROM of the right shoulder noted only 90 degrees of abduction and 90 degrees of forward flexion and he had a great deal of difficulty with internal and external rotation of the shoulder. On 7/31/14 visit the ROM revealed flexion 120 and abduction 90 with weakness. MR arthrogram of the right shoulder dated 8/13/14 revealed postoperative changes without evidence of complication, degenerative changes or further tears. He is status post right shoulder glenohumeral joint arthroscopy, biceps tenotomy followed by biceps tenodesis and intertubercular sulcus, debridement of the glenoid labrum, subacromial decompression and resection of the subacromial bursa on 1/3/13 and completed 36 post-operative physical therapy sessions. He is now status post right shoulder arthroscopic subacromial decompression, acromioplasty, coracoacromial ligament release and bursectomy on 3/14/14 with 24 postoperative physical therapy sessions authorized. He is currently on Norco. On his latest visit, he was concerned about strength and ROM limitations and was hoping the next batch of therapy would help. Diagnoses include neck sprain, sprained right shoulder and sprained right elbow. The request for Post-op Physical Therapy #3 2 times a week for 3 weeks, qty: 6 for right shoulder strengthening were denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op Physical Therapy #3 2 times a week for 3 weeks, qty: 6 for right shoulder strengthening:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder

**Decision rationale:** As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. ODG guidelines for shoulder impingement syndrome, allow 10 PT visits over 8 weeks and shoulder post-arthroscopy, allow 24 PT visits over 14 weeks. CA MTUS - Physical Medicine; Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, the injured worker has had significant improvement with physical therapy service. At this juncture, this IW should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. Furthermore, the IW has received at least 24 post-operative PT visits; the request for additional physiotherapy would exceed the guidelines recommendation. Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines.