

<b>Case Number:</b>	CM14-0165421		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	07/29/2011
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Surgery 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:

This 59-year-old male sustained an industrial injury on 7/29/11. The mechanism of injury was not documented. The patient underwent left shoulder rotator cuff repair, decompression and distal clavicle resection on 11/13/13. He developed post-op adhesive capsulitis and subsequently underwent left shoulder capsular release, arthroscopic lysis of adhesions, and manipulation under anesthesia on 7/17/14. The 9/9/14 treating physician report indicated the patient had done extremely well following surgery. Physical exam documented active forward flexion, elevation, and abduction to 155 degrees. With the shoulder abducted 90 degrees, he had 90 degrees of external rotation and 45 degrees of internal rotation. There was 4+/5 rotator cuff strength. The patient was to continue formal supervised physical therapy twice a week for 6 weeks. The 9/24/14 utilization review denied the request for 12 visits of physical therapy as it was unclear whether the patient had had post-op therapy, the quantity of visits, and results.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times a week for 6 weeks for the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** The California Post-Surgical Treatment Guidelines for adhesive capsulitis suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have not been clearly met for additional physical therapy. There is no documentation as to the number of post-op therapy visits completed and what, if any, objective functional improvement has been achieved. The medical necessity of additional physical therapy cannot be established consistent with guidelines in the absence of this documentation. Therefore, this request is not medically necessary.