

<b>Case Number:</b>	CM14-0167632		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	01/25/2013
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 45-year-old female sustained an industrial injury on 1/25/13. The mechanism of injury was not documented. The patient underwent right shoulder arthroscopy with subacromial decompression, synovectomy, bursectomy, and distal clavicle resection in August 2013. She attended approximately 24 post-op physical therapy sessions. The 8/29/14 treating physician report cited grade 6/10 right shoulder pain. Additional complaints included left shoulder, left wrist, right elbow, right knee, and low back radicular pain. Medications at current doses facilitated maintenance of activities of daily living and participation in home exercise. Non-steroidal anti-inflammatory drugs facilitated improved range of motion and additional 2/10 reduction in pain. Muscle relaxants reduced spasms and provided marked improvement in range of motion, tolerance to exercise, and an additional 2-3/10 reduction in pain. Physical exam documented right shoulder tenderness over the anterior aspect and acromioclavicular joint. The diagnosis included status post right shoulder arthroscopy and adhesive capsulitis. Physical therapy for the right shoulder was requested 3 times per week for 4 weeks as the patient remained relatively deconditioned in the right shoulder. Medications were dispensed. The patient remained temporarily partially disabled with no use of the right upper extremity for repetitive above shoulder level activities or lifting greater than 15 pounds. The 10/2/14 utilization review denied the request for right shoulder physical therapy as there was no documentation of current on-going clinically relevant functional deficits or barriers to continuation with an independent home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times 4 to right shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 9, 98-99.

**Decision rationale:** California MTUS Post-Surgical Treatment Guidelines do not apply to this case as the 6-month post-surgical treatment period had expired. MTUS Chronic Pain Medical Treatment Guidelines would apply. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have not been met. There is no current documentation of a specific functional deficit or functional goal to be addressed by additional supervised physical therapy. There are limited physical exam findings documented in the record. There is no compelling reason to support the medical necessity of additional supervised physical therapy over an independent home exercise program to achieve rehabilitation goals. Therefore, this request is not medically necessary.