

<b>Case Number:</b>	CM14-0182660		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	09/23/2013
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 67-year-old female with a 9/20/13 date of injury, and left shoulder subacromial bursectomy and manipulation on 6/12/14. At the time (9/29/14) of request for authorization for 12 additional sessions of postoperative physical therapy for the left shoulder, twice a week for six weeks, there is documentation of subjective (left shoulder pain with stiffness) and objective (decreased left shoulder range of motion with positive Neer's as well as Hawkin's sign) findings, current diagnoses (left shoulder impingement syndrome and left shoulder adhesive capsulitis), and treatment to date (24 sessions of physical therapy treatments and medications). Medical report identifies that previous physical therapy treatments helped significantly. There is no documentation of a statement of exceptional factors to justify going outside of guideline parameters; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medical services as a result of previous physical therapy treatments completed to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 additional sessions of postoperative physical therapy for the left shoulder, twice a week for six weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical Therapy (PT)

**Decision rationale:** MTUS Postsurgical Treatment Guidelines identifies up to 24 visits of post-operative physical therapy over 14 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG states that when treatment requests exceed guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of a diagnosis of left shoulder impingement syndrome and left shoulder adhesive capsulitis. In addition, there is documentation of status post left shoulder subacromial bursectomy and manipulation on 6/12/14 and 24 sessions of post-operative physical therapy sessions completed to date, which is the limit of guidelines, functional deficits, and functional goals. However, given that the requested 12 sessions of physical therapy, in addition to the treatments already completed, would exceed guidelines, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. In addition, despite documentation that the previous physical therapy treatments helped significantly, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medical services as a result of previous physical therapy treatments completed to date. Therefore, based on guidelines and a review of the evidence, the request for 12 additional sessions of postoperative physical therapy for the left shoulder, twice a week for six weeks is not medically necessary.