

<b>Case Number:</b>	CM14-0021820		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	12/24/2012
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 & Rehabilitation, 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:

This is a patient with a date of injury of December 24, 2012. A utilization review determination dated February 10, 2014 recommends noncertification of additional physical therapy for the right shoulder. Noncertification is recommended due to lack of documentation indicating that the patient is unable to perform a home exercise program, since the patient has already received 24 sessions of physical therapy. A progress report dated August 15, 2013 indicates that the patient has completed 12 sessions of physical therapy preoperatively and 18 sessions of acupuncture. The treatment plan requests 12 sessions of physical therapy postoperatively as the patient underwent surgery on July 17, 2013. A progress note dated September 19, 2013 recommends continuing postop physical therapy for 12 sessions total. A progress report dated October 29, 2013 recommends beginning and additional successions of postoperative physical therapy. A progress report dated November 7, 2013 indicates that the patient did not have any therapy for the last 6 weeks since it was not approved by workers comp. The note indicates that the patient's range of motion worsened due to the absence of physical therapy. The note indicates that the patient may need arthroscopic release if he cannot get his motion back with therapy. The treatment plan recommends continuing physical therapy. A progress note dated November 20, 2013 recommends 6 additional therapy sessions. A progress report dated January 8, 2014 indicates that the patient has completed 19 out of 24 postoperative physical therapy sessions and making great gains with range of motion. Physical examination revealed passive range of motion of the right shoulder flexion from 60 to 105 degrees, shoulder abduction from 70 to 90, initially unable, internal rotation 30. Motor strength reveals right biceps elbow flexion 4/5. Diagnoses include right bicipital tendinitis, history of arthroscopic shoulder surgery for rotator cuff repair with biceps tenodesis, impingement syndrome, right acromioclavicular joint pain, and right rotator cuff tear. The current treatment plan recommends injection of the right bicipital tendon

sheath and subacromial area. The note goes on to recommend completing 24 sessions of physical therapy and continuing medications.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**PHYSICAL THERAPY TWICE A WEEK FOR THREE WEEKS (2X3): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-12 and 27.

**Decision rationale:** Regarding the request for physical therapy, 2X3 right shoulder, California MTUS supports up to 24 sessions after shoulder surgery, noting that an initial course of therapy consisting of half that amount may be prescribed and, with documentation of functional improvement, a subsequent course of therapy shall be prescribed. Within the documentation available for review, there is documentation of 24 PT sessions completed. The requesting physician has not identified any rationale for continuing physical therapy beyond the maximum number recommended by guidelines. There is no documentation of any intervening injury or complications for which additional therapy above and beyond the maximum recommended by guidelines would be indicated. Additionally, the requesting physician has not documented why an independent program of home exercise, which is been repeatedly recommended to the patient, would be insufficient to address any remaining functional deficits. In the absence of clarity regarding those issues, the currently requested additional physical therapy is not medically necessary.