

<b>Case Number:</b>	CM14-0024555		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	06/09/2010
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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, has a subspecialty in Pain Medicine, 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 43-year-old female with an original industrial injury date of June 9, 2010. Her chief complaint is shoulder pain, and MRI imaging of the shoulder on August 30, 2010 was apparently read as unremarkable. Conservative therapy has included 24 sessions of post-op physical therapy for the right shoulder, relative rest, and multiple corticosteroid injections. The patient has undergone prior right shoulder arthroscopy and subacromial decompression on April 7, 2011. The claimant's current status is total temporary disability. A utilization review determination on February 21, 2014 had noncertified the request for an additional 12 sessions of physical therapy. The stated rationale was that the patient had already had 24 previous sessions of physical therapy which is in excess of the "9 to 10 session course endorsed on page 99 of the MTUS."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2 X 6 LEFT SHOULDER:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 26-27.

**Decision rationale:** In the case of this injured worker, there is documentation that the patient has undergone right shoulder arthroscopic subacromial decompression and Mumford procedure on September 12, 2013. A follow-up progress note on September 27, 2013 documents a request for initiation of 12 physical therapy (PT) sessions postoperatively. These visits were completed, and the requesting provider then asked for another 12 sessions of physical therapy on October 29, 2013 since the patient was demonstrating progress. The notes indicate the patient completed another 12 sessions of physical therapy to total 24 postoperative sessions. Title 8, California Code of Regulations, section 9792.20 pages 26-27 specifies the following with regard to post-operative shoulder physical therapy: Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks. In the case of this injured worker, the patient completed a full course of the recommended 24 sessions of postoperative physical therapy as described by guidelines. A progress note on February 4, 2014 documents that the injured worker feels she is progressing much less with a home exercise program than with physical therapy. However, the requesting provider is actually requesting physical therapy for the left shoulder, and not the right shoulder which was operated on. Physical examination of the left shoulder revealed positive impingement maneuvers such as Neer's and Hawkins' signs. She also had biceps tendon tenderness on the left. Therefore the request for 12 sessions of physical therapy for the left shoulder is medically necessary at this time.