

<b>Case Number:</b>	CM14-0028255		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	09/09/2011
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 53-year-old female with a date of injury of 09/09/2011. The patient has diagnoses of: 1. Status post arthroscopic repair, right shoulder, August 2013. 2. Cervical strain. 3. Lumbar IVD displacement without myelopathy 4 mm at L5-S1. 4. Internal derangement, left knee. 5. Status post left knee arthroscopy from 01/14/2014. According to progress report on 01/23/2014 by [REDACTED], the patient presents with left knee and right shoulder complaints. The patient is status post left knee arthroscopy from 01/14/2014 with continued pain and swelling and status post right shoulder surgery from August 2013 with residual weakness and pain. Examination of the right shoulder on 08/30/2013 revealed surgical incisions healing well with restrictive range of motion and some tenderness. Patient was improving with range of motion and strengthening with physical therapy. Treater is requesting authorization for additional postop therapy 3 times a week for 4 weeks for the right shoulder. Utilization review modified certification from 12 visits to 6 visits on 02/04/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 PHYSICAL THERAPY SESSIONS, 3 TIMES PER WEEK FOR 4 WEEKS, RIGHT SHOULDER:** Upheld

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

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

**Decision rationale:** This patient is status post right shoulder surgery from August 2013. Review of the medical file indicates the patient received 12 sessions of postoperative therapy, which improved her ROM and strength. The treater is requesting additional 12 physical therapy sessions. This patient is outside of the postsurgical guidelines. For physical medicine, MTUS Guidelines page 98 and 99 recommends for myalgia and myositis-type symptoms, 9 to 10 sessions over 8 weeks. The treating physician's request for 12 additional sessions exceeds what is recommended by MTUS. Furthermore, the treater does not discuss why the patient would not be able to participate in a home exercise program. Therefore, the request is not medically necessary.