

<b>Case Number:</b>	CM14-0031065		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/12/2011
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of January 12, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; a cervical decompression fusion surgery at C6-C7 on November 22, 2011; earlier shoulder surgery on August 16, 2013; and 34 sessions of postoperative physical therapy, per the claims administrator. In a Utilization Review Report dated February 5, 2014, the claims administrator denied a request for eight additional sessions of physical therapy, citing the Postsurgical Treatment Guidelines in MTUS. The applicant's attorney subsequently appealed. It appears that the request for physical therapy was initiated via handwritten request for authorization form dated January 27, 2014. It was stated on attached physical therapy prescription form dated January 22, 2014 that the applicant was off of work, on total temporary disability. The request for additional physical therapy appears to have been countersigned by the attending provider on February 3, 2014. Again, the notes were handwritten, difficult to follow, not entirely legible. In an earlier note of December 4, 2013, it was stated that the applicant's shoulder range of motion had improved postoperatively but that the applicant remained off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy two (2) times four (4) weeks for the right shoulder: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Postsurgical Treatment Guidelines Following Shoulder Rotator Cuff Repair Surgery.

**Decision rationale:** As noted in Postsurgical Treatment Guidelines, in cases in which no functional improvement is demonstrated, postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine period. In this case, the applicant has already had prior treatment (34 sessions), seemingly in excess of the 24-session course recommended in MTUS Postsurgical Treatment Guidelines following shoulder rotator cuff repair surgery. The applicant has, however, seemingly reached a plateau in terms of the functional improvement measures defined in the MTUS definitions. The applicant remains off of work, on total temporary disability, some five to five and half months removed from the date of surgery, arguing against functional improvement as defined in the MTUS definitions section despite completion of earlier postoperative physical therapy in excess of the guideline. Therefore, the request for eight additional sessions of physical therapy is not medically necessary.