

<b>Case Number:</b>	CM14-0034859		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/18/2013
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 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 65-year-old female with date of injury of 03/18/2013. The listed diagnoses per [REDACTED] dated 02/13/2014 is status post right shoulder debridement. According to this report, the patient is 5 weeks post debridement of her arthritic right shoulder. She is making progress in physical therapy. The physical examination shows abduction and forward flexion are about 90 degrees. The utilization review modified the request to 6 sessions on 03/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued post-operative physical therapy at three sessions per week for four weeks:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder (Post-surgical MTUS) Page(s): 26-27.

**Decision rationale:** This patient presents with shoulder pain. The patient is status post right shoulder debridement from 01/03/2014. The treater is requesting continued postoperative physical therapy for 12 sessions. The MTUS postsurgical guidelines, pages 26 and 27, for arthropathy, recommends 24 visits over 10 weeks. The physical therapy report dated 03/05/2014

shows that the patient received a total of 21 visits to date showing gradual gains on ROM and strength on the right shoulder. The UR notes that the patient had 22 sessions of physical therapy; however, a recent viscosupplementation injection performed about a month ago resulted in an increase in symptoms. In this case, the patient has received close to a total of 22 sessions of post-op physical therapy. While the patient had a flare-up due to a recent injection, the requested 12 sessions, in combination with the previous 22 would exceed MTUS recommendations for post-operative physical therapy. The patient should be able to start a self-directed home exercise program to improve flexibility and mobility. The request is not medically necessary.