

<b>Case Number:</b>	CM14-0036227		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/21/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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:

This is a 58-year-old male with a 1/21/13 date of injury. The injury occurred while he was employed as a Sherriff's deputy. According to a progress report dated 2/27/14, the patient is status post left shoulder diagnostic and operative arthroscopy on 8/16/13. The patient has been making good progress; however, he has had a lapse in physical therapy at this time. The main deficit that he continued to notice was deficits with strength as well as forward reaching and abduction over 90 degrees. He continued to have difficulties with activities of daily living including reaching up overhead at his home. The deficits, however, had been improving with formal physical therapy previously. Objective findings include left shoulder flexion and abduction to 165 degrees and internal rotation to L3 with difficulty, well-healed arthroscopic portals, keloiding scars noted on the anterior aspect with multiple keloids noted throughout the body. Diagnostic impression showed left shoulder industrial injury, left shoulder diagnostic and operative arthroscopy on 8/16/13, and kenalog injection to the left subacromial space on 1/16/14. Treatment to date includes medication management, activity modification, physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, and an H-Wave unit. A UR decision dated 3/14/14 denied the request for physical therapy to left shoulder 2 x 4. A specific rationale for denial was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two time week for four weeks to left shoulder.:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Postsurgical Treatment Guidelines.

**Decision rationale:** Guidelines state if postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. According to a 2/27/14 progress note, the provider states that the patient continues to have deficits in range of motion, as well as deficits in strength; and is requesting additional physical therapy in order to regain the function. The patient has benefitted from formal physical therapy in the past. According to a physical therapy report dated 10/3/13, the patient had completed 10 sessions and reported 65% improvement in function and 45% improvement in pain. MTUS Post-Surgical Guidelines support up to 24 visits over 14 weeks with a postsurgical physical medicine treatment period of 6 months for shoulder arthroscopy. The patient is within the postsurgical treatment period and there is documentation of functional improvement from prior physical therapy sessions. Eight additional sessions along with the ten completed sessions is under the 24 sessions supported by guidelines. Therefore, the request is medically necessary.