

<b>Case Number:</b>	CM14-0039736		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/23/2007
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Orthopedic Surgery 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 72-year-old retired male carpenter sustained an industrial injury on 7/23/07, relative to cumulative trauma. The patient underwent right shoulder arthroscopy with subacromial decompression, chondroplasty, acromioplasty, and distal clavicle resection and right carpal tunnel release on 10/8/13. The 3/3/14 treating physician report cited bilateral shoulder, neck, upper back, lower back, right ankle and left hand pain with numbness and tingling in the left thumb, index and middle fingers. Objective findings relative to the right upper extremity documented clean and dry shoulder and wrist incisions. The diagnosis included cervical, thoracic and lumbar sprain/strain with degenerative disc disease, chronic bilateral ankle pain, status post bilateral knee arthroscopy, left shoulder impingement, status post right shoulder arthroscopy, status post right carpal tunnel release, and left carpal tunnel syndrome. The treatment plan noted denied authorization for left carpal tunnel release and shoulder arthroscopy. Continued physical therapy 2-3 times per week for 6 weeks for the right upper extremity was recommended. The 3/31/14 utilization review denied the request for additional post-operative physical therapy and evaluation as there was no documentation as to the number of post-op visits completed or associated symptomatic or functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional post operative physical therapy two time a week for six weeks for the right shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** The California MTUS Post-Surgical Treatment Guidelines for impingement syndrome and acromioplasty suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. 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. The post-surgical period would have continued until 4/8/14. MTUS Chronic Pain Medical Treatment Guidelines would apply after 4/8/14. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have not been met. There is no current functional assessment or functional treatment goals presented to support the medical necessity of additional post-op physical therapy for the right shoulder. There is no evidence that functional improvement has resulted from post-op therapies to date. Guidelines do not support treatment for pain alone. There is no compelling reason to support the medical necessity of additional post-op supervised physical therapy over an independent home exercise program. Therefore, this request for additional post operative physical therapy two times a week for six weeks for the right shoulder is not medically necessary.

**Physical therapy evaluation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** As the request for additional physical therapy is not medically necessary, the associated request for physical therapy evaluation is also not medically necessary.