

<b>Case Number:</b>	CM14-0042149		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	07/22/2009
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 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 patient is a 47-year-old female with a date of injury of 7/22/09. The patient is a [REDACTED] officer an injured her right elbow, right shoulder and right wrist/hand. She also has psyche accepted by the carrier. Mechanism of injury is not disclosed in submitted reports. With regards to shoulder treatment, the patient went on to have right shoulder surgery on 5/04/10. The current treating orthopedist notes that this surgery did not include excision of the distal clavicle, and has had persistent pain despite extensive post-operative care. MRI shows osteoarthritis changes at the AC joint and anatomy that predisposes for impingement syndrome. A request was made for surgery and this was submitted to Utilization Review. The UR physician discussed the case with the treating orthopedist, and they both agreed that subacromial decompression was appropriate. Though 24 sessions of post-op PT were requested, this was modified to 12, per the CA MTUS, and this was agreed upon with the requesting orthopedist. It is now submitted to IMR for the additional 12 sessions of PT.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST-OP PHYSICAL THERAPY X 12, RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27 AND 12.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27-28.

**Decision rationale:** Guidelines recommend up to 24 sessions of physical therapy following a subacromial decompression surgery. The CA MTUS, however, only recommends that half of the total duration be certified on initial post-op request. Both the surgery and post-op PT were recommended for certification by the reviewing UR physician, however, the initial post-op request was for the entire 24, and this was modified to 12 reportedly to the agreement of the requesting orthopedist. There is no medical necessity for the additional 12 sessions of PT. Therefore the request is not medically necessary.