

<b>Case Number:</b>	CM14-0049612		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/01/2011
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 Pain 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 36-year-old female who sustained a remote industrial injury on 07/01/11 diagnosed with right shoulder pain and rotator cuff tendinitis, right elbow pain, lateral epicondylitis, wrist flexor/extensor tendinitis, and possible complex regional pain syndrome of the right upper extremity. Mechanism of injury is not specified in the documents provided. The request for 24 postoperative physical therapy visits for the right shoulder was modified at utilization review to certify 12 sessions as the patient is scheduled for arthroscopic shoulder surgery for lysis of adhesions and possible rotator cuff repair but the initial course of therapy only calls for one half of the number of visits specified for the specific surgery. The most recent progress note provided is 03/25/14. Patient complains primarily of persistent pain in the right shoulder as well as a numbness and shooting pain in the right arm. Physical exam findings reveal discomfort on palpation of the subacromial space and superior anterior rotator cuff, decreased range of motion of the right shoulder, pain on palpation deep in the anterior and posterior superior labral area, and tenderness on palpation of the 4th and 5th MCP joints of the right hand. Current medications include: Nabumetone, Lyrica, and Norco. It is noted that the patient wishes to proceed with right shoulder surgery. Provided documents include previous progress reports, work status reports, and several requests for authorization. On 03/04/14, the treating physician requests authorization for 24 visits of postoperative physical therapy. The patient's previous treatments include cortisone injections, physical therapy, and medication. Imaging studies provided include an MRA of the right shoulder, performed on 03/08/13. This report is poorly scanned and illegible.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical medicine procedure x 12 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** According to CA MTUS guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Provided documentation notes that the patient was scheduled for arthroscopic right shoulder surgery for which 12 sessions of postoperative physical therapy were approved. However, there is no documentation of the patient's response to this initial course of therapy. Without evidence of functional improvement as a result of these sessions or documentation of limitations that would necessitate more physical therapy sessions over the patient continuing therapy in a safe home exercise program, medical necessity is not supported and the request for Physical medicine procedure x 12 visits is non-certified.