

<b>Case Number:</b>	CM14-0054938		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	08/05/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Management 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 female patient with a date of injury of August 5, 2012. A utilization review determination dated April 4, 2014 recommends non-certification of physical therapy for two times per week for six weeks for the right shoulder. A progress note dated February 24, 2014 identifies subjective complaints of right shoulder pain with increased activity, and the patient continues to attend physical therapy which is helping (remaining statement of what therapy is helping with is illegible). Physical examination is documented illegibly. The diagnosis is status post right shoulder arthroscopy performed on November 16, 2013. The treatment plan recommends continuation of physical therapy two times per week for six weeks to increase strength and the patient is scheduled for a QME in August 2014. A physical therapy progress note dated February 10, 2014 identifies subjective complaints of constant right shoulder pain since surgery and increased elbow pain. The patient reports to have started performing light ADLs using her right upper extremity at home. The patient's pain level at the time of the visit is a 6/10, at its best it is a 4/10, and at its worst it is a 7/10. In comparison to a physical therapy visit on December 3, 2013 the patient has continued severe limitation with recreational exercise and lifting/carrying, she also has moderate to severe limitation with functional reaching with her right upper extremity. Physical examination identifies improved range of motion of right shoulder but with pain with flexion, extension, abduction, internal rotation in neutral abduction, and external rotation and neutral abduction. The patient's right upper extremity strength continues to be a 3/5, there is tenderness and tightness over the right anterior posterior shoulder capsule, right AC joint, right UT, levator scapulae, rhomboids, and over arthroscopic portals. The treatment plan recommends continuation of physical therapy and a new prescription for physical therapy for two times per week for six weeks.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times a week for 6 weeks to the Right Shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-12 and 27.

**Decision rationale:** Regarding the request for physical therapy 2 times a week for 6 weeks for the right shoulder, California MTUS supports up to 24 sessions after shoulder surgery, noting that an initial course of therapy consisting of half that amount may be prescribed and, with documentation of functional improvement, a subsequent course of therapy shall be prescribed. Within the documentation available for review, there is no clear documentation regarding the number sessions of physical therapy already completed, and no recent legible documentation identifying what objective functional improvement has been obtained from the latest physical therapy sessions. Also, there is no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of clarity, the currently requested physical therapy 2 times a week for 6 weeks for the right shoulder, not medically necessary.