

<b>Case Number:</b>	CM14-0066543		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/29/2011
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 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:

The injured worker is a 59-year-old male who sustained work-related injuries on July 29, 2011. Medical report dated January 15, 2014 indicated that the injured worker is two months status post left shoulder repair. Examination revealed that he still had limited range of motion of the left shoulder. He was advised to continue with supervised physiotherapy twice week for three weeks, once a week for three final weeks. On March 24, 2014 records indicate that he developed stiffness, weakness and pain. He had a total of 8 post-op physiotherapy sessions but was only for mild soft tissue mobilization and does not include stretching, strengthening or endurance exercises. On examination, he has 0 to 125 degrees of active forward flexion, forward elevation and abduction. With the shoulder abducted 90 degrees, the patient has 55 degrees of external humeral rotation and 0 degree of internal rotation. He was advised to receive six weeks for formal supervised physiotherapy and if symptoms do not improve he is recommended to undergo manipulation under anesthesia and debridement. He is diagnosed with (a) status post industrial left injury on July 29, 2011 and (b) adhesive capsulitis, left shoulder, status post left shoulder rotator cuff repair, decompression, distal clavicle resection on November 13, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Operative Physical Therapy 3xweek X 6weeks, Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** According to evidence-based guidelines, 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. In this case, the diagnosis of the injured worker is adhesive capsulitis. Postoperatively, 24 sessions of post-operative physical therapy is warranted and the physical medication period is 6 months. Based on the provided records, the injured worker has received a total of 8 physical therapy sessions post operatively to the left shoulder; however, he developed stiffness, weakness, and pain. Physical examination findings indicated that he had limited range of motion and was scheduled to undergo manipulation under anesthesia if symptoms do not improve. He was recommended to continue post-operative physical therapy sessions at a frequency of three times per week for six weeks which totals to 26 physical therapy sessions. Based on the records reviewed, there is no indication that additional benefits can be achieved with the requested physical therapy sessions. Based on these reasons, the medical necessity of the requested physical therapy session three times per week for six weeks is not established. The request is not medically necessary.