

<b>Case Number:</b>	CM14-0067179		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/22/2003
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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:

The injured worker is a 54 year-old patient sustained an injury on 09/22/2003 while employed by [REDACTED]. The request(s) under consideration include 12 Physical Therapy visits. The report of 2/27/14 from the provider noted the patient presented for follow-up of left shoulder arthroscopy with decompression/rotator cuff repair. The symptom complaints include neck pain radiating down hand; neurosurgeon feels that she is stable. It was noted physical therapy continues to slowly improve her range of motion and strength; however, still with range of motion problems and pain when rolling onto her shoulder in bed. An exam showed surgical incision without induration or dehiscence. The injured workers treatment included continuing with physical therapy x 12 visits. An Electrodiagnostic report dated 4/7/14 showed normal findings of left upper extremity. Request(s) for 12 Physical Therapy Visits was not medically necessary on 4/17/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of Physical Therapy visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ; Post-surgical Therapy for Shoulder Rotator cuff syndrome/Impingement syndrome (ICD9 726.1;

726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks \*Postsurgical physical medicine treatment period: 6 months Physical Therapy, pages 98-99, Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks.

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the physical therapy treatment already rendered including milestones of increased ROM, strength, and functional capacity. A review of submitted physician reports shows no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for physical therapy with fading of treatment to an independent self-directed home program. The employee has received a total of 30 post-surgical PT sessions authorized for the arthroscopic repair without demonstrated evidence of functional improvement to allow for additional therapy treatments. The Chronic Pain Guidelines, post-operative therapy allow for 24 visits over 14 weeks for shoulder arthroscopy with postsurgical physical medicine treatment period of 6 months. The submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria. Therefore, 12 sessions of Physical Therapy visits are not medically necessary.