

<b>Case Number:</b>	CM14-0076809		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	01/18/2009
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 50-year-old female who reported an injury from heavy lifting on 01/18/2009. On 06/24/2014, her diagnoses included previous history of right shoulder arthroscopy, right shoulder status post revision arthroscopy on 05/27/2011, left shoulder status post diagnostic and operative arthroscopy, and full thickness rotator cuff tear with repair on 11/22/2013. The progress note stated that she was making excellent postoperative progress, and that she felt that she had turned a corner since the last appointment on 04/29/2014. She had progressed through range of motion and has begun strengthening exercises. Her symptoms had decreased, and she was having occasional achiness and stiffness, but the pain had gone away. She had 3 sessions of physical therapy left and continued to make progress. The plan of care and recommendations were that this worker transition to a home self-directed stretching and strengthening exercise program per her physical therapist's guidance.. There was a further recommendation for icing and use of anti-inflammatory medications as needed. There was no rationale for the requested physical therapy. The Request for Authorization dated 09/04/2013 was included in this worker's chart, but that was a year ago, and it was not clear if that was relevant to the current request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postoperative Physical Therapy QTY:12, Left 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.

**Decision rationale:** The request for Postoperative Physical Therapy QTY:12, Left shoulder is not medically necessary. The California MTUS Postsurgical Guidelines indicate that the initial course of therapy means 1 half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations, which for an arthroplasty/osteoarthritis of the shoulder are 24 visits over 12 weeks. Half that number would be 12 visits. The postsurgical physical medicine treatment period is 6 months. Since the request did not specify that it was a retrospective request, it is unclear from the submitted documentation whether this request was for the surgery in 11/2013, or if there was another surgery subsequent to the last note submitted on 06/24/2014. Also, there was no frequency or time frame specified in the request. Therefore, this request for Postoperative Physical Therapy QTY:12, Left shoulder is not medically necessary.