

<b>Case Number:</b>	CM14-0091395		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	10/25/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 Family 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 37-year-old female patient who reported an industrial injury to the right shoulder and bilateral hands on 10/25/2013, one (1) year ago, attributed to the performance of her usual and customary job tasks. The patient was treated conservatively and subsequently underwent arthroscopic surgical intervention to the right shoulder on 2/26/2014. The patient has been authorized 24 sessions of postoperative physical therapy (PT) for the rehabilitation of the shoulder. The patient was authorized a bilateral nerve conduction study (NCS) to the upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy times 12 sessions for treatment 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 Chronic Pain Treatment Guidelines Physical Therapy Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section---physical therapy; exercises and the American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) Chapter 6 page 114; Chapter 9 page 203-04

**Decision rationale:** There was no clinical documentation to support the medical necessity of additional PT over the recommended self-directed home exercise program for the postoperative right shoulder. There is no objective evidence provided to support the medical necessity of additional PT beyond the number recommended by the CA MTUS for strengthening as opposed to the recommended HEP in order to increase range of motion. The patient has completed 24 sessions of the previously authorized PT/physiotherapy and should be integrated into a self-directed home exercise program for conditioning and strengthening. The patient is eight (8) months status posts (s/p) date of surgery for the shoulder whereas the California MTUS recommends postoperative rehabilitation over 12-14 weeks. The patient has received the CA MTUS recommended number of sessions of PT. The patient is documented to have received prior sessions of postoperative rehabilitation physical therapy directed to the right shoulder. There is no provided rationale to support the additional 2 times 6 sessions of postoperative PT other than for increased strengthening. There was no documented muscle atrophy that required more than a simple self-directed home exercise program. The patient was reported to have less than full range of motion and some weakness however was not established as participating in a self-directed home exercise program as recommended by evidence-based guidelines. The recommended additional strengthening could be obtained in a self-directed home exercise program. The request exceeds the number of sessions of PT recommended by the CA MTUS for the postoperative rehabilitation of the shoulder s/p arthroscopy-SAD. The patient is documented to have received prior authorization for a significant number of sessions of PT. The CA MTUS and the Official Disability Guidelines recommend up to 24 sessions over 14 weeks of postoperative care of the shoulder subsequent to arthroscopic decompression and rotator cuff repair with an arthroscopic procedure. The patient has received more than the number of sessions recommended by the CA MTUS and should be in a self-directed home exercise program for conditioning and strengthening. There are no diagnoses that could not be addressed with HEP. The request for additional physical therapy over the recommended home exercise program is supported with objective evidence to support medical necessity. The patient has obtained the number of sessions of PT recommended by the CA MTUS for the postoperative rehabilitation of the shoulder. There is no evidence that the exercise program for the shoulder could not continue with HEP. There is no demonstrated medical necessity for an additional 2 times 6 sessions of physical therapy directed to the postoperative right shoulder.