

<b>Case Number:</b>	CM13-0017855		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	12/04/2012
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of December 4, 2012. In a Utilization Review Report dated August 16, 2013, the claims administrator failed to approve a request for eight sessions of physical therapy for the shoulder. The claims administrator noted that the applicant had undergone earlier shoulder surgery on April 27, 2013 and had completed 20 or 24 sessions of postoperative physical therapy authorized through that point in time. The claims administrator invoked a variety of MTUS and non-MTUS Guidelines to deny the request. Various physical therapy progress notes were referenced in the determination. The applicant's attorney subsequently appealed. In an RFA form dated August 6, 2013, eight sessions of physical therapy were endorsed. It was stated that the applicant had completed 20 to 24 sessions of physical therapy authorized through that point in time. Overall attached information was sparse and thinly developed. No clinical progress notes were seemingly attached to the RFA form. In an April 16, 2013 operative report, the applicant received shoulder arthroscopy, acromial ligament resection, bursectomy, chondroplasty, rotator cuff debridement, labral debridement, and distal claviclectomy procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TIMES 8 FOR THE LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** No, the request for eight additional sessions of physical therapy is not medically necessary, medically appropriate, or indicated here. As noted in the Postsurgical Treatment Guidelines in MTUS 9792.24.3.c.4, the frequency of visits shall be gradually reduced or discontinued during the postsurgical physical medicine treatment as an applicant gains independence in management of symptoms and with achievement of functional goals. Here, however, the August 6, 2013, RFA form did not clearly establish why such a lengthy course of physical therapy was being sought. No clinical progress notes were attached to the RFA form. It was not clearly stated why additional physical therapy was sought when the applicant had yet to complete four sessions of previously authorized treatment. It was not clearly stated why additional physical therapy was being sought when the applicant had already received authorization for prior treatment (24 sessions), seemingly compatible with the 24-session course recommended in the MTUS Postsurgical Treatment Guidelines following shoulder surgery for impingement syndrome/rotator cuff syndrome, as apparently transpired here. The applicant's work and functional status were not clearly delineated on or around the date of the request, August 6, 2013. The applicant's response to earlier therapy had not been detailed. The goals behind further treatment, going forward, were likewise not clearly outlined. Therefore, the request was not medically necessary.