

<b>Case Number:</b>	CM14-0189460		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	05/09/2014
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 Orthopedic Surgery 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 70-year-old male with a 5/9/14 date of injury, when he slipped and fell, sustaining a right greater tuberosity fracture of the humerus. The patient underwent a right shoulder surgery on 8/24/14. The PT discharge report dated 10/14/14 stated that the patient's first PT visit was on 7/8/14, and that his ADLs improved. He was able to reach into the fridge to pull out large objects, but still had some difficulties with reaching up to wash his back. The strength in the right shoulder was 4-5/5, and in the last 6 sessions the patient's strength, tolerance for reaching and overhead movements and tolerance for lifting improved. The progress report dated 10/16/14 indicated that the patient was seen for a follow up visit. Exam findings revealed the right shoulder's active forward flexion to 140 degrees plus, abduction almost 90 degrees, external rotation 60 degrees and internal rotation to the mid lumbar level. The patient had a little discomfort in the end ranges of motion. The patient was working with restrictions, and was considered to return to work, full-duty, soon. The diagnosis is status post right humerus fracture. Treatment to date: right shoulder surgery, work restrictions, corticosteroid injections, PT and medications. An adverse determination was received on 11/4/14 given that the patient achieved his PT goals and there was a lack of documented reasons why the patient could not continue his home strengthening program for the shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT x12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** CA MTUS Post-Surgical Treatment Guidelines state that 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. Patient education regarding postsurgical precautions, home exercises, and self-management of symptoms should be ongoing components of treatment starting with the first visit. Intervention should include a home exercise program to supplement therapy visits. For the Fracture of humers (ICD9 812) is recommended 24 visits over 14 weeks. The PT discharge report dated 10/14/14 stated that the patient's strength in the right shoulder was 4-5/5 and in the last 6 sessions the patient's strength, tolerance for reaching and overhead movements and tolerance for lifting improved. During the encounter dated 10/16/14 the exam findings revealed the right shoulder's active forward flexion to 140 degrees plus, abduction almost 90 degrees, external rotation 60 degrees and internal rotation to the mid lumbar level and the patient were considered to return to work full duty soon. The progress notes indicated that the patient started his PT treatment on 7/8/14; however the number of accomplished postoperative sessions is unknown. Given, that the patient's surgery was over 6 months ago and that the patient's last physical examination showed excellent improvement in the right shoulder it is not clear, why the patient cannot transition into an independent home exercise program. Lastly, the number of accomplished postoperative PT sessions is unknown and the Guidelines support 24 visits over 14 weeks for the fracture of humers. Therefore, the request for PT x 12 was not medically necessary.