

<b>Case Number:</b>	CM14-0190441		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	07/04/2009
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Preventive 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:

According to the records made available for review, this is a 59-year-old female with a 7/4/09 date of injury, and right shoulder arthroscopy, distal clavicle resection, open biceps tenodesis, and closure of rotator cuff interval lesion on 5/23/14. At the time (10/14/14) of request for authorization for Additional post-operative physical therapy for the right shoulder, quantity 10, there is documentation of subjective (shoulder joint pain) and objective (tenderness to palpation over the biceps tenodesis site and proximal biceps) findings, current diagnoses (status post right shoulder arthroscopy, distal clavicle resection open biceps tenodesis), and treatment to date (24 post op physical therapy treatments and medications). There is no documentation of exceptional factors to justify going outside of guideline parameters; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as result of post op physical therapy provided to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional post-operative physical therapy for the right shoulder, quantity 10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy right shoulder.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder,

Physical Therapy (PT) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Postsurgical Treatment Guidelines identifies up to 24 visits of post-operative physical therapy over 14 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of a diagnosis of status post right shoulder arthroscopy, distal clavicle resection open biceps tenodesis. In addition, there is documentation of 24 previous post op physical therapy treatments, which is the limit of physical therapy guidelines. However, given documentation that the additional 10 sessions, in addition to the treatments already completed, would exceed guidelines, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as result of previous post op physical therapy treatments. Therefore, based on guidelines and a review of the evidence, the request for Additional post-operative physical therapy for the right shoulder, quantity 10 is not medically necessary.