

<b>Case Number:</b>	CM14-0191734		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	11/12/2012
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Orthopedic Surgeon and is licensed to practice in Minnesota. 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 43 year old female with date of injury of 11/12/2012. Mechanism of injury is not reported. She has undergone 2 surgical procedures on the right shoulder. On 9/10/2013 she underwent arthroscopy of the right shoulder, subacromial decompression, and a rotator cuff repair. On 8/5/2014 the procedure consisted of manipulation under anesthesia, arthroscopy with lysis of adhesions, excision of os acromiale, and biceps tenotomy. She completed 28 physical therapy sessions from 8/5/2014 to 10/7/2014. Per progress note she was doing better, had less pain, better motion. Forward elevation was 140 degrees and external rotation 40 degrees on 10/23/2014. The disputed request pertains to additional physical therapy 2 x 4 for the right shoulder. This was non-certified by UR citing postsurgical treatment guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additonal post-op physical therapy 2x weekly, right shoulder qty: 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26, 10, 11.

**Decision rationale:** The Post-surgical treatment guidelines indicate 24 visits over 14 weeks for adhesive capsulitis. The post-surgical physical medicine treatment period is 6 months. The initial course of therapy is one half of these visits or 12 visits. With documentation of objective functional improvement a subsequent course of therapy of 12 visits was prescribed. The injured worker has completed the 24 sessions. Progress notes indicate completion of 28 visits. The progress note of 10/23/2014 indicates active forward elevation of 140 degrees and external rotation of 40 degrees. There is no reason why she cannot transition to a home exercise program. The request for additional post-op physical therapy 2 times a week qty: 8 exceed the guidelines and are not medically necessary.