

<b>Case Number:</b>	CM14-0192204		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	08/14/2009
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/22/2014
<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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of August 14, 2009. In a Utilization Review Report dated October 22, 2014, the claims administrator denied a request for six sessions of postoperative physical therapy. The claims administrator stated that the applicant had received authorization for 34 sessions of postoperative physical therapy since shoulder surgery was completed on August 21, 2014, only 26 of which had been completed. The claims administrator stated that its decision was based on a September 23, 2014 progress note. On October 10, 2014, the applicant reported persistent complaints of low back pain radiating into the legs. The applicant was apparently riding a stationary bike and using a health club several times a week. The applicant had diet-controlled diabetes. The applicant was using Ambien, Norco, and Soma, it was stated. The applicant's low back pain was described as stable. The applicant was asked to remain active. Multiple medications were refilled. The applicant was returned to regular duty work, the applicant's orthopedic spine surgeon suggested. The remainder of the file was surveyed. The documentation on file comprised entirely of discussion of the applicant's low back issues. There was no discussion of the applicant's need for further postoperative physical therapy involving the shoulder. It appeared, furthermore, that the records of several applicants were mingled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postop physical therapy, 2 times a week for 3 weeks to the right shoulder; 6 sessions:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Adhesive capsulitis

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

**Decision rationale:** Per the claims administrator, the applicant has had prior treatment authorized (34 sessions, seemingly in excess of the 24-session course recommended in the MTUS Postsurgical Treatment Guidelines following arthroscopic shoulder surgery for rotator cuff syndrome, as apparently transpired here. While this recommendation is qualified by commentary made in MTUS 9792.24.3.c.2 to the effect that the medical necessity for postsurgical physical medicine treatment for any given applicant is contingent upon applicant-specific factors such as comorbidities, prior pathology and/or surgery involving the same body part, nature, number, and capacity of surgical procedures undertaken, presence of surgical complications, and an applicant's essential work functions, in this case, however, little-to-no documentation pertaining to the applicant's shoulder issues was submitted. The applicant's need for further postoperative physical therapy was not outlined. The applicant's work and functional status were not provided either by the attending provider or claims administrator. The bulk of the information on file, it is noted, comprised of discussion of the applicant ancillary complaints of low back pain. Furthermore, the records of several applicants appeared to have mingled. All of the foregoing, taken together, does not make a compelling case for continuation of therapy beyond MTUS parameters, although it is acknowledged (and reiterated) that the progress notes and RFA forms made available to claims administrator were seemingly not incorporated into the Independent Medical Review packet. The information which is on files failed to support or substantiate the request. Therefore, the request is not medically necessary.