

<b>Case Number:</b>	CM14-0194351		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	09/12/2013
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 32-year-old female with an original date of injury of September 12, 2013. The patient has chronic right shoulder pain. The patient has undergone 18 sessions of physical therapy today, and according to the utilization review determination on October 22, 2014, 24 total sessions of physical therapy have been certified. This injured worker has undergone right shoulder acromioplasty, lysis of adhesions, removal of loose bodies, and Mumford procedure. The disputed requests is for additional physical therapy. The utilization review determination on October 22, 2014 had denied the request for an additional 12 sessions of physical therapy because guidelines recommend 24 visits over 14 weeks for this type of postoperative condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 additional sessions of right shoulder physical therapy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-12.

**Decision rationale:** In the case of this request, the patient has undergone right shoulder acromioplasty, lysis of adhesions, removal of loose bodies, and Mumford procedure. For most

post-operative shoulder surgeries, the recommended course is 24 post-operative visits of physical therapy. The progress note from date of service September 25, 2014 requests an additional physical therapy of three times a week for four weeks to "regain strengthening, to improve soft tissue mobility and decrease pain for the right shoulder." There is a statement that the patient has responded well to therapy in increasing range of motion but there is continued trouble with overhead activities. However, there is documentation that the patient has had 24 sessions of post operative physical therapy certified. A postoperative physical therapy course should follow the CA MTUS guidelines. In cases where there is deviation, there should be failed documentation of a home exercise program that was attempted following the post-operative formal physical therapy. In this case , the patient has not yet completed the full amount of PT session that were authorized, and this request is not medically necessary at this time.