

<b>Case Number:</b>	CM14-0204402		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	08/12/2013
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Internal 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 (IW) is a 36-year-old man with a date of injury of August 12, 2013. The mechanism of injury was a slip and fall on a greasy wet floor. He hit his left shoulder on the concrete floor and twisted his neck and body in the process. The injured worker's working diagnoses are labral tear, and rotator cuff tendonitis. The IW underwent a left shoulder arthroscopy with distal clavicle excision, subacromial decompression, SLAP repair, and biceps tenodesis on May 13, 2014. According to a QME dated November 6, 2014, the IW has completed 20 physical therapy (PT) sessions from July 2014 to the present time. He feels like he has improved with PT. Pursuant to a progress note dated October 7, 2014, the IW presents for follow-up status post left shoulder surgery. The IW reports his pain is not as severe as before. The pain comes and goes. He sees changes with PT and states he is improving. Left shoulder examination reveals minimal tenderness with deep palpation at the surgical site. Range of motion is improving, but still limited. Some pain persists with certain movements. Forward flexion is 150 degrees. Abduction is 140 degrees. The treatment plan recommendations include participating in his learned home exercise program, and complete current physical therapy. The current request is for an additional 12 session of physical therapy to the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy visits 2 times a week times 6 weeks for post-operative left shoulder surgery: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Section, Physical Therapy

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times a week for six weeks for post-operative left shoulder surgery is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing the physical therapy. The guidelines enumerate the frequency and duration of physical therapy based on the physical injury. Postsurgical treatment (labral repair/slap lesion) 24 visits over 14 weeks. In this case, the injured worker's working diagnoses are left shoulder labral tear; slap repair May 13, 2014; and C-spine injury. 12 physical therapy sessions were initially approved. The injured worker received a total of 20 physical therapy sessions to date. The documentation contains several physical therapy progress notes. The treating physician is seeking an additional 12 physical therapy sessions (over the 20 already rendered). The recommended guidelines are 24 visits over 14 weeks. The injured worker receives 20 visits to date. The worker should be well-versed in exercises performed during physical therapy. An orthopedic progress note dated October 7, 2014 indicates the injured worker sees changes with physical therapy and states he is improving. Tenderness is minimal with deep palpation at the surgical site. Range of motion is improving, but still limited. The patient needs to continue the learned exercises and procedures at home as a home exercise program for further strengthening and gain of motion and function. The injured worker should be well-versed in home exercises learned that physical therapy after 20 sessions. As noted above, the recommended guidelines state 24 visits over four weeks. There is no clinical indication or rationale for an additional 12 visits when the patient can perform these home exercises while at home with periodic follow-up at the surgeon's office. Consequently, additional physical therapy two times a week for six weeks postoperative left shoulder is not medically necessary.