

<b>Case Number:</b>	CM14-0204493		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	12/07/2012
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/18/2014
<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 Orthopedic Surgery, has a subspecialty in Sports 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 44 year old female with a date of injury of 12/10/2012. Her diagnoses included S/P right shoulder biceps tenodesis and s/p right shoulder subacromial decompression. Her past treatments included physical therapy, medications and activity modifications. The injured worker has had multiple diagnostic studies including x-rays, MRIs and EMR/NCV studies since 2012. Her surgical history included right shoulder subacromial decompression on 09/27/2013 and right bicep tenodesis on 05/05/2014. The injured worker presented on 11/07/2014 with complaints of burning in her shoulder that she self-rated as a 7-8/10. She stated it was made better by rest and worse by reaching overhead. The physical examination revealed the right shoulder range of motion was flexion to 120 degrees, abduction to 140 degrees, and external rotation to 90 degrees. Sensation is intact in the upper extremities and motor strength symmetrical. Her medications included Voltaren 75 mg. The treatment plan was for physical therapy 2 times a week for 4 weeks and acupuncture. The request was for therapy two times a week x4 weeks and no rationale was given. The Request for Authorization Form was not submitted with the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times a week for 4 weeks for the Right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 96, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 57.

**Decision rationale:** The request for Physical Therapy 2 times a week for 4 weeks for the Right shoulder is not medically necessary. The patient had right biceps tenodesis on 05/05/2014. Since the surgery in 05/2014, documentation submitted indicated the injured worker has had 45 visits of postoperative physical therapy for the shoulder. The California MTUS Postsurgical Rehabilitation recommend up to 25 visits over 14 weeks after surgery. The documentation as provided did provide evidence of decreased range of motion; however, there was a lack of documentation of response to prior therapy and why the patient is unable to progress to a home exercise program. The 45 visits, in absence of additional documentation noting exceptional factors warranting more physical therapy, far exceeds the guidelines. Therefore the request is not medically necessary at this time.