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| <b>Case Number:</b>   | CM14-0205335 |                              |            |
| <b>Date Assigned:</b> | 12/17/2014   | <b>Date of Injury:</b>       | 05/20/2009 |
| <b>Decision Date:</b> | 02/04/2015   | <b>UR Denial Date:</b>       | 11/19/2014 |
| <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 New York. 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 56 year old man with a date of injury of 5/20/09. He is status post total left shoulder arthroplasty and revision reverse left shoulder arthroplasty on 8/12/14. He was seen for a worker's compensation post-op evaluation on 11/10/14. He had left shoulder pain (4/10) which limited his range of motion. He had completed a course of physical therapy and was taking acetaminophen as needed. His exam showed left shoulder range of motion of 160/20 right and left and an intact neurovascular exam. His diagnoses were status post left revision reverse TSA, status post left TSA, left TSA anterior instability with subscapularis rupture, bilateral glenohumeral osteoarthritis and status post right TSA with posterior glenoid augment. At issue in this review is the request for additional physical therapy 2 times 4 weeks, left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 2 times 4 weeks, left shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** This injured worker is status post left total arthroplasty with revision reverse in 8/14. Physical Medicine Guidelines allow for fading of treatment frequency from up to 3

visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. He has pain with range of motion but functional limitations are not documented nor a rationale for additional physical therapy. The records do not support the medical necessity for additional physical therapy visits in this individual with chronic pain.