

<b>Case Number:</b>	CM14-0206839		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	10/15/2013
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 Rehab 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 patient is a 33 year old female with date of injury 10/15/13. The treating physician report dated 12/01/14 indicates that the patient presents with pain affecting the right shoulder, 4 months post arthroscopic repair of right anterior labrum, and arthroscopic decompression. The physician notes that the patient's symptoms are slightly improved compared to preoperative. The physical examination findings reveal a decreased range of motion, joint pain, and joint swelling. The physical exam findings are as follows: Flexion is at 160 degrees, external rotation 50 degrees, as well as full PROM. Strength of the right shoulder is 4/5 compared to the left. Prior treatment history includes arthroscopic subacromial decompression of the right shoulder, an arthroscopic repair of the right anterior labrum, physical therapy (20 visits), and prescribed medications. Current medications include Norco, and Ibuprofen. The current diagnoses are: 1. Status post arthroscopic shoulder surgery 2. SLAP The utilization review report dated 12/05/14 (26) denied the request for 8 sessions of continued physical therapy for right shoulder (2 x 4 weeks) based on a lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 sessions of continued physical therapy for right shoulder (2 x 4 weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Shoulder Procedure Summary

**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, Physical Therapy.

**Decision rationale:** The patient presents with pain affecting the right shoulder, 4 months post arthroscopic repair of right anterior labrum, and arthroscopic decompression. The current request is for 8 sessions of continued physical therapy for right shoulder (2 x 4 weeks). The treating physician report dated 12/1/14 states, "PT has improved the patient's strength and AROM, but still needs further PT for continued strengthening and ROM." A document from the nurse case manager assigned to this patient's case dated 11/6/14 (59) show the patient was authorized for 32 post-op visits to be used between 11/4/14 and 1/16/15. A letter of appeal written by patient dated 12/9/14 (16) states, "I have continued physical therapy home exercises and continue to have difficulty fire certain muscles I need to coordinate movement to raise my arm all the way over my head. This is only possible when I have the assisted active range of motion with the physical therapist." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The MTUS post-surgical guidelines do not address SLAP repair surgery. The ODG goes into further detail regarding superior glenoid labrum lesion (ICD9 840.7), "Medical treatment: 10 visits over 8 weeks." Regarding post-surgical treatment (labral repair/SLAP lesion) the guidelines state, "24 visits over 14 weeks." In this case, reports provided show the patient has been authorized for 32 visits of physical therapy which already exceeds the 24 visits recommended by the ODG. Furthermore, the patient has remaining PT sessions to utilize and has continued to participate in physical therapy home exercises. The current request for an additional 8 sessions goes above and beyond the ODG and MTUS guidelines. The request is not medically necessary and appropriate.