

<b>Case Number:</b>	CM14-0082156		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	03/12/2013
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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, 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:

This is a patient with a date of injury of March 12, 2013. A utilization review determination dated May 21, 2014 recommends modified certification of physical therapy. Eight sessions were requested and 4 were recommended for certification. A utilization review determination report seems to indicate that 40 sessions of therapy have been authorized thus far. A progress report dated May 7, 2014 has a box check indicating that the patient has "improved as expected." The note states that the patient's motion has continued to improve. Objective findings revealed tenderness over the biceps and deltoid area with 150 of flexion and abduction with pain. Diagnosis is not listed. The treatment plan recommends physical therapy 2 times a week for 4 weeks. This is a therapy note dated March 18, 2014 states that the patient is compliant with her home exercise program. A progress note dated January 10, 2014 requests right shoulder arthroscopy for subacromial decompression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x 4 Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-12 and 27.

**Decision rationale:** Regarding the request for additional physical therapy, California MTUS supports up to 24 sessions after shoulder surgery, noting that an initial course of therapy consisting of half that amount may be prescribed and, with documentation of functional improvement, a subsequent course of therapy shall be prescribed. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the previously provided therapy exceeds the amount of PT recommended by the CA, with no documentation of any complication or intervening injury to support further therapy. In light of the above issues, the currently requested additional Physical Therapy is not medically necessary.