

<b>Case Number:</b>	CM15-0005026		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	02/19/2014
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant has filed a claim for chronic shoulder and arm pain reportedly associated with an industrial injury of February 19, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; earlier shoulder surgery on July 14, 2014; and unspecified amounts of postoperative physical therapy. In a Utilization Review Report dated December 30, the claims administrator partially approved a request for 12 sessions of physical therapy as six sessions of the same. A December 19, 2014 RFA form was referenced. Despite the fact that the case was a postoperative case, the claims administrator nevertheless invoked the MTUS Chronic Pain Medical Treatment Guidelines. In a December 19, 2014 progress note, the applicant reported 2/10 shoulder pain status post earlier Hill-Sachs rotator cuff repair surgery. A TENS unit was pending. The applicant was using naproxen for pain relief. The applicant exhibited 170 degrees of passive shoulder flexion and abduction with 160 degrees of active flexion and abduction. 5-/5 shoulder strength was appreciated. The applicant was returned to regular duty work. Additional physical therapy for strengthening and endurance was suggested at a rate of twice weekly for 12 weeks. The applicant's shoulder strength was scored at 5-/5, it was incidentally noted. Neither the claims administrator nor the attending provider clearly state how much physical therapy the applicant had had through December 19, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x 6, left upper extremity QTY: 12:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG Shoulder- Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Yes, the request for 12 sessions of physical therapy was medically necessary, medically appropriate, and indicated here. The applicant was still within the six-month postsurgical physical medicine period established in MTUS 9792.24.3 following earlier shoulder surgery of July 14, 2014 as of the date of the request, December 19, 2014. The MTUS postsurgical treatment guidelines do support a general course of 24 sessions of physical therapy following surgery for rotator cuff syndrome/impingement syndrome, as apparently transpired here. This recommendation is, however, qualified by commentary made in MTUS 9792.24.3.c.2 to the effect that the medical necessity for postsurgical physical medicine treatment is contingent on applicant-specific factors such as the nature, number, and capacity of surgical procedures undertaken. Here, the applicant apparently underwent a rotator cuff repair surgery as well as repair of a Hill-Sachs deformity. MTUS 9792.24.3.c.3 further notes that physical medicine treatment may be continued up to the end of the postsurgical physical medicine period in applicants in whom it is determined that additional functional improvement can be accomplished. Here, the attending provider noted that the applicant had returned to regular duty work, had well preserved range of motion about the injured shoulder, but did have some strength and endurance deficit which were amenable to additional physical therapy. Additional functional improvement, thus, was/is possible here. Therefore, the request was medically necessary.