

<b>Case Number:</b>	CM15-0101398		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	08/04/2010
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 27-year-old female, who sustained an industrial injury on 8/4/10. The injured worker has complaints of left shoulder pain. The documentation noted that the cervical spine reveals left paracervical tenderness; left shoulder documented as assessing instability maneuvers anteriorly and inferiorly elicits discomfort in the front of the shoulder, external rotation elicits paresthesias in the left forearm and second, third and fourth fingers. The diagnoses have included closed anterior dislocation of humerus. Treatment to date has included therapy; cervical magnetic resonance imaging (MRI) on 4/19/11 was essentially normal; electrodiagnostic studies on 6/1/11 identified a mild left elbow ulnar neuropathy; left shoulder X-ray showed a type 1 acromion and injections. The request was for post-operative physical therapy 2 times a week for 4 weeks for the left shoulder and post-operative physical therapy 1 times a week for 4 weeks for the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Operative Physical Therapy 2 times a week for 4 weeks for the Left Shoulder:** Upheld

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

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

**Decision rationale:** Regarding the request for 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 at least 18 and possibly 24 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 request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.

**Post-Operative Physical Therapy 1 time a week for 4 weeks for the Left Shoulder:** Upheld

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

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

**Decision rationale:** Regarding the request for 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 at least 18 and possibly 24 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 request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.