

<b>Case Number:</b>	CM15-0143852		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	04/22/2013
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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, New York, 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 is a represented 52-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of April 22, 2013. In a Utilization Review report dated July 13, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy for the shoulder. The claims administrator referenced a June 29, 2015 progress note and an associated order form of the same date in its determination. The claims administrator noted that the applicant had undergone a SLAP repair procedure of February 25, 2014 followed by a lysis of adhesions procedure of April 28, 2015. The claims administrator contended that the applicant had had 44 cumulative sessions of physical therapy since the February 25, 2014 procedure. The applicant's attorney subsequently appealed. On an RFA, form dated July 7, 2015, twelve sessions of physical therapy were sought. In an associated physical therapy progress note of July 7, 2015, the claimant was described as avoiding heavy lifting and typing. The claimant had had 52 sessions of physical therapy through this point in time, it was stated. It was not stated whether all of these treatments transpired since the first surgery or the second surgery. The applicant was described as not exercising and having residual weakness and range of motion deficits present on this date. On June 30, 2015, the applicant's physical therapist reported that the applicant was advancing without complications in one section of the note. Other section of the note stated that the applicant was not exercising, had residual weakness, and decreased tolerance in terms of typing and lifting activities. On July 3, 2015, the applicant's physician suggested that the applicant pursue additional physical therapy. 4 to 4+/5 shoulder strength in some planes with 145 degrees of shoulder elevation were appreciated. Additional physical therapy was sought. The applicant's work status was not furnished.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for right shoulder QTY: 12:** Upheld

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

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

**Decision rationale:** No, the request for 12 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The applicant had had prior treatment (52 sessions through July 7, 2015, per the treating therapist), seemingly well in excess of the 24 session postoperative course suggested in MTUS 9792.24.3 following earlier shoulder surgery for adhesive capsulitis on April 28, 2015. The Postsurgical Treatment Guidelines further stipulates in Section 9792.24.3.c.4b that postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine period in cases where no functional improvement is demonstrated. Here, neither the treating therapist nor the attending provider established a clear or compelling evidence of functional improvement as defined in MTUS 9792.20e following receipt of the 52 prior treatments. The applicant was described on July 7, 2015 as having decreased tolerance for typing and lifting. The applicant was not exercising, it was reported. The applicant had residual shoulder weakness, it was reported. It was not clearly stated whether the applicant was or was not working on that date. The applicant's attending provider reported on July 3, 2015 that the applicant was still quite apprehensive. The attending provider, like the treating therapist, did not clearly recount the applicant's work status. All of the foregoing, taken together, argued against the applicant's having effected functional improvement in terms of other parameters set forth in MTUS 9792.20e following receipt of 52 prior sessions of postoperative physical therapy. It did not appear plausible that the applicant would necessarily achieve or effect further gains with additional therapy. Therefore, the request was not medically necessary.