

<b>Case Number:</b>	CM15-0145349		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	08/27/2014
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: 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 [REDACTED] beneficiary who has filed a claim for chronic shoulder, hip, and arm pain reportedly associated with an August 27, 2014. In a Utilization Review report dated July 18, 2015, the claims administrator failed to approve request for 12 sessions of physical therapy. The claims administrator referenced an RFA form received on July 9, 2015 in its determination. The claims administrator stated that the applicant had undergone earlier shoulder surgery on January 14, 2015. A July 7, 2015 progress note was also cited. The applicant's attorney subsequently appealed. On January 14, 2015, the applicant underwent a shoulder arthroscopy, subacromial decompression, Mumford procedure, and mini-open long head biceps tenodesis procedure. On July 7, 2015, the applicant was described as having not improved significantly since the previous visit from six weeks prior. The applicant was off of work, it was acknowledged. The applicant was Motrin, Norco, Soma, QVAR, Atrovent, albuterol, Percocet, it was reported. The applicant exhibited 150-160 degrees of shoulder flexion and abduction, it was reported. Medrol Dosepak was sought. It was stated that the applicant could potentially be a candidate for reverse total shoulder arthroplasty. Additional physical therapy and work restrictions were ordered, although it was acknowledged that the applicant was not working with said limitations in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of physical therapy to the left shoulder 2 times a week for 6 weeks: Upheld**

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

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

**Decision rationale:** The request for 12 sessions of postoperative physical therapy was not medically necessary, medically appropriate, or indicated here. The applicant was still within the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 on or around the date of the request, July 7, 2015. The MTUS Postsurgical Treatment Guidelines were therefore applicable. While the MTUS Postsurgical Treatment Guidelines do support a general course of 30 sessions of physical therapy following open rotator cuff repair surgery, as apparently transpired here, this recommendation is, however, qualified by commentary made in MTUS 9792.24.3.c.4b to the effect that postsurgical treatment shall be discontinued at any time during the postsurgical physical therapy medicine treatment period in applicants and occasionally where no functional improvement is demonstrated. Here, however, the applicant was off of work, on total temporary disability, it was acknowledged on the July 7, 2015 office visit at issue. The applicant remained dependent on opioid agents such as Percocet and Norco, it was reported at that point in time. The applicant was contemplating a reserve total shoulder arthroplasty, the treating provider reported. All of the foregoing, taken together, argued against the applicant's having effected any lasting benefit or functional improvement with five and half months of prior physical therapy. Therefore, the request for additional physical therapy was not medically necessary.