

<b>Case Number:</b>	CM15-0166231		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	04/01/2011
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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 38-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of April 1, 2011. In a Utilization Review report dated August 12, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy. The claims administrator referenced a July 23, 2015 progress note and an associated July 29, 2015 RFA form in its determination. The claims administrator invoked the MTUS Chronic Pain Medical Treatment Guidelines. The date of surgery was not, however, furnished. The claims administrator contended that the applicant had had 24 sessions of postoperative physical therapy through the date of the request. The applicant's attorney subsequently appealed. On an RFA form of July 20, 2015, 12 sessions of physical therapy for the shoulder were sought. On an RFA form dated July 29, 2015, a back brace and 12 sessions of physical therapy were endorsed. In an associated progress note of July 23, 2015, the applicant reported ongoing complaints of low back and left shoulder pain. A lumbar spine support and 12 sessions of physical therapy were endorsed. The applicant was given a rather proscriptive 10-pound lifting limitation. It was not stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. The date of surgery was not furnished. On June 10, 2015, the applicant reported ongoing complaints of low back and left shoulder pain. The applicant's work status was not detailed. Norco was renewed while MRI imaging of the lumbar spine was sought. On April 28, 2015, the applicant underwent a diagnostic open arthroscopy of the shoulder, biceps tenodesis, an acromioplasty, Mumford

procedure, lysis of adhesions, subacromial bursectomy, partial synovectomy, and insertion of pain pump. On an earlier note of June 18, 2015, the applicant was placed off of work, on total temporary disability.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy 3 times a week for 4 weeks to the left shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

**Decision rationale:** Yes, the request for 12 additional sessions of physical therapy for the shoulder was medically necessary, medically appropriate, and indicated here. While the approval may result in extension of treatment beyond the 24-session course of treatment suggested in the MTUS Postsurgical Treatment Guidelines following shoulder surgery for rotator cuff syndrome as seemingly transpired here, this recommendation is, however, qualified by commentary made in MTUS 9792.24.3.c2 to the effect that the medical necessity for postsurgical physical medicine treatment for any given applicant is contingent on applicant-specific factors such as comorbidities, prior pathology, and/or surgery involving the same body part, nature, number, complexity of surgical procedures undertaken, and by commentary made in MTUS 9792.24.3c3 to the effect that postsurgical treatment may be continued up to the end of the postsurgical physical medical period in applicants in whom it is determined that additional functional improvement can be accomplished after completion of the general course of therapy. Here, the applicant did undergo multiple surgical procedures on April 28, 2015, including a biceps tenodesis, acromioplasty, Mumford procedure, lysis of adhesions, subacromial bursectomy, partial synovectomy, etc. The nature, number, and complexity of procedures undertaken, thus, did compel treatment beyond 24-session course suggested in MTUS 9792.24.3 following earlier shoulder surgery for rotator cuff syndrome. The applicant was making favorable strides as of July 23, 2015. The applicant was returned to work, admittedly with a 10-pound lifting limitation. The applicant had been placed off of work, on total temporary disability, on June 18, 2015. All evidence on file, thus, pointed to the applicant's shoulder issues trending favorably. Additional treatment on the order that proposed, thus, was indicated as further functional improvement was certainly possible as of the date of the request, July 23, 2015. Therefore, the request was medically necessary.