

<b>Case Number:</b>	CM15-0189950		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	07/09/2013
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 60 year old female who sustained an industrial injury on 7-9-2013. A review of the medical records indicates that the injured worker is undergoing treatment for status post right shoulder arthroscopy debridement and SAD. Per the physical therapy progress report dated 7-30-2015, the injured worker had completed 17 visits from 5-29-2015 to 7-30-2015. She was noted to have improved range of motion and increased IR strength; however, she continued to lack functional shoulder range of motion especially in ABD. According to the physician progress report dated 8-27-2015, the injured worker complained of sharp pain and limited range of motion in her right shoulder. She rated her pain 5 out of 10. Per the treating physician (8-27-2015), the injured worker was temporarily totally disabled. The physical exam (8-27-2015) of the right shoulder revealed well healed portal incisions. Range of motion and elevation was 170 degrees actively. Rotation was 85 degrees with the arm abducted 30 with arm adducted and internal rotation was 25 degrees. There was some pain with resisted elevation. Treatment has included right shoulder surgery (4-27-2015), physical therapy, cortisone injection and medications. The original Utilization Review (UR) (9-9-2015) denied a request for 8 visits of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 8 visits: Upheld**

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

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

**Decision rationale:** Review indicates the patient had at least 16 preop PT visits along with 26 postop PT visits for the shoulder. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. It appears the patient has received significant therapy sessions with demonstrated evidence of functional improvement to allow transition to an independent home exercise program. There is no report of acute flare-up, new injuries, increased symptoms or clinical deterioration to support for further formal PT in a patient that has been instructed on a home exercise program. Submitted reports have noted the patient progressing well with low pain level reported for the extensive postsurgical period without noted operative complications or extenuating circumstances to support for additional therapy beyond guidelines criteria. Chronic Pain Guidelines, post-operative therapy allow for 24 visits over 10 weeks for shoulder arthroplasty with postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria. The Physical therapy 8 visits are not medically necessary and appropriate.