

<b>Case Number:</b>	CM15-0196474		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	07/25/2011
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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, Hawaii

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:

The injured worker is a year old 54 male who sustained an industrial injury on 07-25-2011. A review of the medical records indicated that the injured worker is undergoing treatment for adhesive capsulitis. The injured worker is status post right shoulder arthroscopy for rotator cuff repair in 04-2013 and arthroscopic manipulation, capsular release, chondroplasty of the humeral head and glenoid, labral and subacromial debridement on 08-28-2015. According to the treating physician's progress report on 08-31-2015, the injured worker was evaluated 3 days post-operatively and reported better shoulder movement, doing exercises, has a continuous passive motion (CPM) machine and starting physical therapy on 09-01-2015. Objective findings noted portal sites without signs of infection and neurovascular intact distally. Active assist range of motion was documented as forward flexion at 150 degrees, abduction at 95 degrees, external rotation at his side at 60 degrees and external rotation in abduction at 65 degrees. There was 25 degrees of scarecrow internal rotation behind his back to L1. Exercises were reviewed with the injured worker. Prior treatments have included diagnostic testing, steroid injections, surgery, physical therapy, home exercise program and medications. Current medication was Hydrocodone. Treatment plan consists of continuing with continuous passive motion (CPM), remaining on temporary total disability (TTD) and the current request for the right shoulder physical therapy twice a week for 6 weeks (12 sessions). On 09-17-2015, the Utilization Review determined the request for right shoulder physical therapy twice a week for 6 weeks (12 sessions) was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, right shoulder, 2 times weekly for 6 weeks, 12 sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (Acute & Chronic) - Physical therapy guidelines.

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

**Decision rationale:** The patient presents with right shoulder pain and stiffness. The current request is for Physical Therapy right shoulder, 2 times weekly for 6 weeks, 12 sessions. The report making the request was not made available. However, the physical therapy report dated 09/01/2015 (20B) notes, "It is recommended that the client attend rehabilitative therapy for 2 visits a week with an expected duration of 6 weeks. Interventions during the course of treatment will be directed toward addressing the problems and achieving the goals previously outlined." The patient is status post right shoulder arthroscopy and decompression from 08/28/2015 (62B). The MTUS Post-Surgical Guidelines page 26 and 27 recommends 24 visits over 10 weeks for arthropathy and adhesive capsulitis. Medical records show that the patient has received 1 physical therapy visit on 09/01/2015 (20B). In this case, the requested 12 sessions are appropriate following the patient's recent surgery and the request is within the guidelines. The current request is medically necessary.