

<b>Case Number:</b>	CM15-0199070		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	01/10/2004
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

### 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 57-year-old female with an industrial injury dated 01-10-2004. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder pain with stiffness status post rotator cuff repair, decompression, and biceps tenodesis. In an operative report dated 01-08-2015, the injured worker underwent a diagnostic shoulder arthroscopy with arthroscopic rotator cuff repair, arthroscopic biceps tenodesis, and arthroscopic subacromial decompression. Record indicated that there were no complications and the injured worker tolerated procedure well. In progress report dated 08-25-2015, the injured worker returned for a repeat evaluation of her right shoulder. Documentation noted that the injured worker right shoulder was improving with range of motion and pain control since the subacromial cortisone injection. The injured worker reported that the physical therapy has helped the right side, but she has overused the left side and was now having issues with the left shoulder. The injured worker is currently attending physical therapy and has continued home exercises with "walking up the wall" and stretching the shoulder. The injured worker denied any injury or trauma to the left shoulder but reported with daily activities the shoulder was popping and painful. Objective findings (08-25-2015) revealed mild pain with palpitation over the anterior lateral aspect of the shoulder, sacroiliac (SI) joint with some pain, crepitus with shoulder range of motion, and scapular elevation with abduction. Right shoulder range of motion was forward flexion of 170 degrees, abduction 160 degrees and external rotation 60 degrees. In a physical therapy report dated 08-21-2015, the injured worker reported that her shoulder has been feeling "much better" and that she is able to use her shoulders for most activities with decreased

pain. Treatment has included shoulder surgery, prescribed medications, at least 23 physical therapy sessions and periodic follow up visits. The treatment plan included continuation of physical therapy for strength training and medication management. The treating physician prescribed services for physical therapy for the right shoulder 2x6. The utilization review dated 09-17-2015, modified the request to 6 additional physical therapy for the right shoulder (original: 2x6).

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

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

#### **Physical Therapy for the Right Shoulder 2x6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009. Decision based on Non-MTUS Citation ODG Shoulder.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

**Decision rationale:** Per the CA MTUS/ Post Surgical Treatment Guidelines, page 26, 24 visits is authorized over 14 weeks following surgery for adhesive capsulitis. In this case, the claimant has performed at least 23 visits in the record. ODG Physical Therapy Guidelines; Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also, see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface. Adhesive capsulitis: Medical treatment: 16 visits over 8 weeks. There is insufficient evidence to support further physical therapy beyond the guidelines in the clinic notes from 8/25/15. There is no documentation of a home exercise program being instituted or functional improvement. Therefore, based on the criteria set forth in the guidelines, the request is not medically necessary.