

<b>Case Number:</b>	CM15-0205156		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	06/23/2005
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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:

The injured worker is a 62 year old male with an industrial injury dated 06-23-2005. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder pain and status post right shoulder operative arthroscopy, subacromial decompression, distal clavicle excision and debridement of the rotator cuff. According to the progress note dated 08-13-2015, the injured worker presented for follow up of right shoulder. The injured worker is status post right Mumford procedure 06-08-2015. The injured worker reported a drastic decline in shoulder function. The injured worker was status post 12 physical therapy sessions during time of complaint. The injured worker reported tightens muscles in the deltoid region. Pain level was 1-2 out of 10 with medication on a visual analog scale (VAS). Objective findings (08-13- 2015) revealed decrease right shoulder range of motion. According to the progress note dated 09- 10- 2015, the injured worker presented for reevaluation of his right shoulder. The injured worker received an injection to the subacromial space and additional physical therapy. The injured worker reported that the injection really did not do anything for him. The injured worker continues to have pain and stiffness with improvement over time in the shoulder. The injured worker states that the shoulder is not as good as it was at 4 weeks but is improving. Objective findings for right shoulder (09-10-2015) revealed well healed incisions, tenderness anteriorly, forward flexion to 150 degrees, abduction to 110 degrees, and external rotation to 45 degrees. Treatment has included diagnostic studies, prescribed medications, 24 physical therapy sessions and periodic follow up visits. The utilization review dated 10-06-2015, non-certified for

additional post-operative physical therapy, right shoulder, 2-3 times weekly for 4 weeks, 12 sessions.

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

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

#### **Post operative physical therapy, right shoulder, 2-3 times weekly for 4 weeks, 12 sessions:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder - Physical therapy.

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

**Decision rationale:** The patient was injured on 08/23/05 and presents with right shoulder pain. The request is for post operative physical therapy, right shoulder, 2-3 times weekly for 4 weeks, 12 sessions. The RFA is dated 09/29/15 and the patient's current work status is not provided. On 06/08/15, the patient underwent a right shoulder arthroscopic shoulder surgery. MTUS, post-surgical guidelines pages 26-27, recommend 24 visits over a period of 14 weeks for patients undergoing arthroscopy. The post-surgical time frame is 6 months. The patient is diagnosed with right shoulder pain and status post right shoulder operative arthroscopy, subacromial decompression, distal clavicle excision and debridement of the rotator cuff. The patient has had at least 15 sessions of physical therapy from 06/29/15 to 08/10/15. There is no discussion regarding why the patient is unable to establish a home exercise program to manage his pain. Furthermore, the requested 12 sessions of therapy in addition to the 15 he already had exceeds what is allowed by MTUS guidelines. Therefore, the request is not medically necessary.