

<b>Case Number:</b>	CM15-0083665		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	07/17/2014
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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 44-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of July 17, 2014. In a Utilization Review report dated April 7, 2015, the claims administrator failed to approve two separate requests for physical therapy. The claims administrator noted that the applicant had undergone earlier shoulder surgery on March 5, 2015. The claims administrator stated that the applicant had completed 12 prior sessions of physical therapy without improvement and went on to deny additional physical therapy on those grounds. A March 16, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed; however, the claims administrator's medical evidence log suggested that the most recent progress note on file was dated December 17, 2014. Thus, the March 26, 2015 RFA form and March 16, 2015 office visit made available to the claims administrator were not seemingly incorporated into the IMR packet.

### 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, twice a week for six weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** No, the request for 12 sessions of postoperative physical therapy for the right shoulder was not medically necessary, medically appropriate, or indicated here. The applicant was still within the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following an earlier shoulder arthroscopy of March 5, 2015. Per the claims administrator's UR report, it appeared that the applicant had already received approval for 12 sessions of postoperative physical therapy, which did not appear to have been completed, based on the limited information on file. The MTUS Postsurgical Treatment Guidelines do support a general course of 24 sessions of therapy following a shoulder surgery for impingement syndrome, as transpired here, and further note in MTUS 9792.24.3.a2 that an initial course of therapy represents one-half of the number of visits specified in the general course of therapy for the specific surgery. Here, thus, the applicant had already received approval for 12 sessions of postoperative physical therapy. MTUS 9792.24.3.c.3 notes that, with documentation of functional improvement, a subsequent course of therapy shall be prescribed. Here, however, the progress note and RFA form on which the article in question was sought were not incorporated into the IMR packet. The applicant's response to earlier postoperative physical therapy was not clearly detailed. It did not appear that the applicant had completed the 12 previously authorized physical therapy treatments before additional therapy was sought. Therefore, the request was not medically necessary.

**Physical Therapy for the right shoulder, three times a week for six weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Similarly, the request for 18 sessions of postoperative physical therapy for the right shoulder was likewise not medically necessary, medically appropriate, or indicated here. The MTUS Postsurgical Treatment Guidelines support a general course of 24 sessions of postoperative physical therapy following surgery for rotator cuff syndrome/impingement syndrome, as transpired here. MTUS 9792.24.3.a.2 notes that an initial course of therapy represents one-half of the general courses of therapy for the specific surgery. One-half of 24 treatments, thus, is 12 treatments. Per the claims administrator's UR report, the applicant had already received approval for therapy in this amount. MTUS 9792.24.3.c.3 notes that a subsequent course of therapy shall be prescribed with documentation of functional improvement. Here, it did not appear that the applicant had completed the previously authorized therapy before additional treatment was sought. The progress note and RFA form on which the article in question was proposed were not incorporated into the IMR packet, it was further noted. The information on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.