

<b>Case Number:</b>	CM15-0084304		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	06/06/2013
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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 40 year old female who sustained an industrial injury on 06/06/2013. Current diagnoses include persistent left shoulder pain, failed conservative measures, possible SLAP tear with biceps tendinitis, status post anterior labral repair, and status post distal clavicle excision on 02/25/2014. Previous treatments included medication management, physical therapy, and shoulder surgeries. Previous diagnostic studies include x-rays and MRI. Report dated 03/06/2015 noted that the injured worker presented with complaints that included left shoulder pain, one year status post surgery. The physician noted that the current pain began after feeling a pop six weeks following her second surgery. Pain level was not included. Physical examination was positive for pain in the lateral deltoid and biceps region, pain with range of motion, decreased muscle tone, and Speed's test and O'Brien test are positive. The treatment plan included request for left shoulder examination under anesthesia and diagnostic arthroscopy and associated surgical services due to failed conservative measures without relief. Disputed treatments include post operative physical therapy 2 x 6 for the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Operative Physical Therapy 2 x 6 Left Shoulder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** The patient is s/p Bankart repair on 9/10/13 and left shoulder distal clavicle excision surgery on 2/25/14. MR Arthrogram of left shoulder showed post surgical changes consistent with previous repair. Review indicated recent shoulder arthroscopic surgical request was denied on 2/26/15 without any new information of any change in decision. Thereby, the chronic treatment guidelines for PT is applicable. 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. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. As the shoulder arthroscopy request was denied; thereby, the Post-Operative Physical Therapy 2 x 6 Left Shoulder is not medically necessary and appropriate.