

<b>Case Number:</b>	CM15-0088661		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	03/19/2013
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 male, who sustained an industrial injury on 03/19/2013. He reported injury to his left shoulder. Treatment to date has included cortisone injection, medications, physical therapy and surgery. Physical therapy notes submitted for review included 18 sessions from 04/18/2014 through 06/05/2014. On 10/15/2014, the injured worker underwent left shoulder scope with acromioplasty, Mumford procedure, extensive debridement and SLAP repair. Following surgery the injured worker received physical therapy. Physical therapy notes submitted for review following surgery included 23 sessions from 02/11/2015 through 04/06/2015. According to a physical therapy progress report of visit #23, the injured worker presented with overall improvement in range of motion in the left shoulder but remained to have mobility limitations with mild to no pain reproduction at end range. He continued to increase in strength. According to a progress report dated 04/07/2015, shoulder symptoms were described as mild to moderate. Pain radiated into the arm. Symptoms included clicking, popping and stiffness and were intermittent and improving. Since the last visit the injured worker noted an increase in the level of function during activities. Medication regimen included Flexeril, Naprosyn and Norco. Diagnoses included left shoulder stiffness and atrophy. Treatment plan included continued physical therapy. The injured worker was temporarily totally disabled. Currently under review is the request for physical therapy 2 times per week for 6 weeks for the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times per week for 6 weeks to the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM - Independent Medical Examinations and Consultations, page 114; Official Disability Guidelines (ODG) Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** The claimant sustained a work injury in March 2013 and continues to be treated for left shoulder pain. When he did not improve after conservative treatments including physical therapy he underwent an arthroscopic left shoulder rotator cuff and labral repair. He had postoperative physical therapy and had completed 23 treatments as of 04/06/15. His range of motion, strength, and function had improved. When seen, he was having mild to moderate pain. There was decreased shoulder range of motion. Post surgical treatment after the claimant's shoulder arthroscopy includes up to 24 physical therapy visits over 14 weeks with a postsurgical physical medicine treatment period of 6 months. Compliance with a home exercise program would be expected and would not require specialized equipment. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands for strengthening and self-applied modalities such as heat and ice. In this case the claimant has already had post-operative physical therapy and the number of additional treatments being requested is in excess of the guideline recommendation or what would be needed to finalized a home exercise program. Therefore, the requested additional physical therapy was not medically necessary.