

<b>Case Number:</b>	CM14-0140386		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	12/20/2010
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Texas and Mississippi. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 52 year old male who reported injury on 12/20/2010. The mechanism of injury was not provided. Diagnoses included status post arthroscopy of the left shoulder. The past treatments included 10 sessions of physical therapy, Kenalog injections. An MRI of the left shoulder, dated 04/24/2014, revealed an intact rotator cuff, and the patient was status post acromioplasty and Mumford procedure. Surgical history noted an arthroscopic subacromial decompression and acromioplasty with clavicle resection, and debridement on 10/12/2012. The progress note dated 07/29/2014, did not include subjective data. The physical exam revealed forward flexion and abduction to 165 degrees, internal rotation to L3, and muscle strength 4/5 in all planes. Medications were not included. The treatment plan requested another 8 sessions of physical therapy, and continue activity restriction at work. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy twice a week for four weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The request for physical therapy twice a week for four weeks is not medically necessary. The injured worker had 10 sessions of physical therapy for his left shoulder, with forward flexion and abduction to 165 degrees, internal rotation to L3, and muscle strength 4/5 in all planes. The California MTUS guidelines recommend physical therapy to restore flexibility, strength, endurance, function, and range of motion. The guidelines recommend 9-10 sessions of physical therapy over 8 weeks and continuation of active therapies at home as an extension of the treatment process. The injured worker is nearly 3 years post-operative. There is a lack of documentation of improvement over the prior course of physical therapy. The request for 8 additional session exceeds the guideline recommendations. It appears the injured worker has mild functional deficits, and there is no indication that active, self-directed, home physical therapy would not be appropriate. Given the previous, 8 additional session of physical therapy would be unsupported and excessive at this time. Therefore, the request is not medically necessary.