

<b>Case Number:</b>	CM14-0147372		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	05/08/2012
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 California. 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:

This is a 34-year-old male who reported an industrial injury on 5/8/2012 to the left shoulder, over two (2) years ago, attributed to the performance of his usual and customary job tasks. The patient was treated conservatively and was ultimately taken to surgery for a left shoulder arthroscopy on 5/21/2014. The patient was provided with 24 postoperative sessions of rehabilitation physical therapy. The patient reported continued left shoulder pain. The objective findings on examination documented weakness to the left shoulder along with tenderness. Patient was prescribed Norco. The treatment plan included 2 times 4 additional sessions of postoperative physical therapy directed to 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 a week times 4 weeks for the left shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203-204, Chronic Pain Treatment Guidelines Physical Therapy Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 page 114; Official Disability Guidelines (ODG) Shoulder section---physical therapy; exercises

**Decision rationale:** There was no clinical documentation to support the medical necessity of additional physical therapy over the recommended self-directed home exercise program for the post-operative left shoulder. There is no objective evidence provided to support the medical necessity of additional physical therapy beyond the number recommended by the CA MTUS for strengthening as opposed to the recommended HEP in order to increase range of motion. The patient has completed 24 sessions of the previously authorized physical therapy /physiotherapy and should be integrated into a self-directed home exercise program for conditioning and strengthening. The patient is five (5) months status post date of surgery for the shoulder, whereas, the California MTUS recommends postoperative rehabilitation over 12-14 weeks. The patient has received the CA MTUS recommended number of sessions of physical therapy. The patient is documented to received prior sessions of postoperative rehabilitation physical therapy directed to the left shoulder. There is no provided rationale to support the additional 2 times 4 sessions of postoperative physical therapy other than for increased strengthening. There was no documented muscle atrophy that required more than a simple self-directed home exercise program. The patient was reported to have less than full range of motion and some weakness, however, was not established as participating in a self-directed home exercise program as recommended by evidence-based guidelines. The recommended additional strengthening could be obtained in a self-directed home exercise program. The request exceeds the number of sessions of PT recommended by the CA MTUS for the postoperative rehabilitation of the shoulder s/p arthroscopy-SAD. The patient is documented to have received prior authorization for a significant number of sessions of physical therapy. The CA MTUS and the Official Disability Guidelines recommend up to 24 sessions over 14 weeks of postoperative care of the shoulder subsequent to arthroscopic decompression and rotator cuff repair with an arthroscopic procedure. The patient has received more than the number of sessions recommended by the CA MTUS and should be in a self-directed home exercise program for conditioning and strengthening. There are no diagnoses that could not be addressed with HEP. The request for additional physical therapy over the recommended home exercise program is supported with objective evidence to support medical necessity. The patient has obtained the number of sessions of physical therapy recommended by the CA MTUS for the postoperative rehabilitation of the shoulder. There is no evidence that the exercise program for the shoulder could not continue with HEP. There is no demonstrated medical necessity for an additional 2 times 4 sessions of physical therapy directed to the postoperative left shoulder.