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| <b>Case Number:</b>   | CM14-0148835 |                              |            |
| <b>Date Assigned:</b> | 09/18/2014   | <b>Date of Injury:</b>       | 03/06/2014 |
| <b>Decision Date:</b> | 11/19/2014   | <b>UR Denial Date:</b>       | 09/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/12/2014 |

### 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 Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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 claimant is a 62-year-old man who tripped and fell onto an outstretched arm and injured his right shoulder at work on March 06, 2014. The medical records provided for review specific to the right shoulder document that the claimant underwent right shoulder arthroscopy, subacromial decompression, rotator cuff repair, bicep tenodesis, distal clavicle excision and debridement on June 19, 2014. Postoperatively, the claimant attended nineteen out of the twenty-four authorized sessions of physical therapy as of 8/25/14. The follow up physical therapy progress report on August 26, 2014 documented that the claimant had been observed by the physical therapist having some difficulty getting in and out of a truck, but had been making progress in physical therapy. The report documented that range of motion was 140-degrees of flexion, 50-degrees of extension, 150-degrees of abduction and 4/5 global strength of the shoulder. This review is for twelve additional sessions of physical therapy for the claimant's right shoulder in addition to the twenty-four already authorized sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Op Physical Therapy (additional 12-sessions, 2 times per week for 6 weeks for the right shoulder, requested by [REDACTED]): Upheld**

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

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

**Decision rationale:** The California MTUS Post Surgical Rehabilitative Guidelines do not support the request for twelve additional sessions of physical therapy. The Post Surgical Rehabilitative Guidelines recommend up to twenty-four therapy sessions in a fourteen-week period for this surgery. Physical therapy for twenty-four sessions has been authorized for this claimant following the rotator cuff repair procedure in June 2014. At the last physical therapy assessment, the claimant was doing well, progressing in both range of motion and strength in a global fashion. The claimant has already been authorized the recommended maximum therapy of twenty-four sessions to meet the guideline criteria. The requested twelve additional sessions of therapy would exceed the guideline criteria and would not be indicated. Therefore, the request is not medically necessary.

**Post-Op Physical Therapy (additional 12-sessions, 2 times per week for 6 weeks, for the right shoulder, requested by [REDACTED]):** Upheld

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

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

**Decision rationale:** The California MTUS Post Surgical Rehabilitative Guidelines do not support the request for twelve additional sessions of physical therapy. The Post Surgical Rehabilitative Guidelines recommend up to twenty-four therapy sessions in a fourteen-week period for this surgery. Physical therapy for twenty-four sessions has been authorized for this claimant following the rotator cuff repair procedure in June 2014. At the last physical therapy assessment, the claimant was doing well, progressing in both range of motion and strength in a global fashion. The claimant has already been authorized the recommended maximum therapy of twenty-four sessions to meet the guideline criteria. The requested twelve additional sessions of therapy would exceed the guideline criteria and would not be indicated. Therefore, the request is not medically necessary.