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| <b>Case Number:</b>   | CM14-0028722 |                              |            |
| <b>Date Assigned:</b> | 06/16/2014   | <b>Date of Injury:</b>       | 12/12/2012 |
| <b>Decision Date:</b> | 09/23/2014   | <b>UR Denial Date:</b>       | 02/05/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/06/2014 |

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 30-year-old male who has submitted a claim for right shoulder pain, glenohumeral joint arthritis associated with an industrial injury date of December 12, 2012. Medical records from 2013-2014 were reviewed. The patient was status post right shoulder diagnostic and operative arthroscopy with anterior labral repair on April 19, 2013. The patient completed 24 postoperative physical therapy sessions. However, the patient continues to have severe deficits with regard to strength that also hinders return to work. Muscle strength of the right shoulder is currently graded 3 out of 5. Physical examination revealed range of motion for right shoulder was limited. There is tenderness noted to the AC joint. Treatment to date has included medications, physical therapy, activity modification and shoulder surgery. Utilization review, dated February 5, 2014, modified the request for PHYSICAL THERAPY TWO TIMES A WEEK FOR SIX WEEKS FOR THE RIGHT SHOULDER to PHYSICAL THERAPY TWO TIMES A WEEK FOR TWO WEEKS FOR THE RIGHT SHOULDER to address the remaining deficits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TWO TIMES A WEEK FOR SIX WEEKS FOR THE RIGHT SHOULDER:** Upheld

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

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

**Decision rationale:** CA MTUS Post-Surgical Treatment Guidelines, Shoulder chapter, states postsurgical treatment of up to 24 post-operative physical therapy visits over 14 weeks for patients who underwent arthroscopic surgery for shoulder rotator cuff/impingement syndrome are recommended with postsurgical physical medicine treatment period of 6 months. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, the patient was status post right shoulder diagnostic and operative arthroscopy with anterior labral repair on April 19, 2013. (17 months to date). The patient underwent a total of 24 postoperative physical therapy sessions. Additional physical therapy sessions will exceed guideline recommendations. The patient is expected to be well-versed in a self-directed home exercise program by now. Therefore, the request for PHYSICAL THERAPY TWO TIMES A WEEK FOR SIX WEEKS FOR THE RIGHT SHOULDER is not medically necessary.