

<b>Case Number:</b>	CM14-0212537		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	01/08/2014
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 underlying date of injury in this case is 01/08/2014. The date of the utilization review under appeal is 12/12/2014. On 11/21/2014, the patient was seen in primary treating physician followup regarding the diagnosis of right shoulder sprain. The treating physician noted the patient was status post a right shoulder arthroscopy with decompression and acromioclavicular joint resection. That surgery had been performed 07/24/2014. Overall, the patient was improving but with significant weakness. He was progressing in terms of strength. The treating physician planned to continue physical therapy two times a week for four weeks, as suggested by his therapist to work on strengthening and work hardening. Currently, the patient had a lifting limit of 5 pounds. An initial physician review concluded that the patient had already undergone 24 visits of therapy and that a request for 12 more visits was beyond the treatment guidelines and that the patient should have previously transitioned to an independent home rehabilitation program. Thus, the provider modified the request to 3 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient additional post operative physical therapy for 9 sessions to the right shoulder:**  
 Overturned

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

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

**Decision rationale:** The initial request was for 12 physical therapy visits. An initial utilization review modified this for 3 visits. However, since this is a de novo review the independent medical review should be regarding the original request for 12 physical therapy sessions. The California Medical Treatment Utilization Schedule Post-Surgical Treatment Guidelines section 24.3 states that the treating surgeon may prescribe additional physical therapy if a patient has made progress with initial therapy and if there are specific functional goals which still require skilled physical therapy. The medical records do clearly meet these guidelines. The patient has specific goals, in terms of strengthening, especially to be able to return back to work, which require additional therapy, and the patient has made considerable progress since surgery in his therapy so far. Thus, the guidelines do support the initial request for 12 additional postoperative therapy visits. This request is medically necessary.