

<b>Case Number:</b>	CM15-0019683		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	04/04/2013
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 59 year old male with an industrial injury dated April 4, 2013. The injured worker diagnoses include rotator cuff sprain and strain, status post right arthroscopic subacromial decompression (8/25/14) and cervical pain with upper extremity symptoms. He has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 11/3/2014, the treating physician noted right shoulder pain and cervical pain with right greater than the left upper extremity symptoms. Documentation also noted that recent physical therapy for the right shoulder facilitates diminished pain and improve range of motion. Objective findings revealed right shoulder tenderness with no signs of infection. The treating physician prescribed services for additional post operative physical therapy x 8 sessions for right shoulder. Utilization Review determination on December 29, 2014 denied the request for additional post operative physical therapy x 8 sessions for right shoulder, citing MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post Op physical therapy x 8 sessions for right shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Shoulder section, Physical therapy

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, postoperative physical therapy times eight sessions to the right shoulder is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post right arthroscopic subacromial decompression August 25, 2014; and cervical pain with upper extremity symptoms. The medical record contains 53 pages. All progress notes in the medical record but one precedes the surgical procedure. There is a single follow-up Consultation Primary Treating Physician Report dated November 3, 2014. It states 6/10 right shoulder pain. Recent physical therapy right shoulder resulted in diminished pain and improve range of motion. 6/10 cervical pain with right greater than left upper extremity symptoms. Objectively, there was tenderness in the right shoulder anterior aspect and at the acromioclavicular joint. There are no signs of infection. The documentation does not state the total number of physical therapy sessions. The documentation does not contain evidence of objective functional improvement. The guidelines state: "When treatment duration and/or number of visits exceeded the guideline, exceptional factors should be noted". The documentation does not contain any compelling clinical facts that would warrant additional physical therapy. Consequently, absent compelling clinical documentation with evidence of objective functional improvement with total number of physical therapy sessions to date, postoperative physical therapy times eight sessions to the right shoulder is not medically necessary.