

<b>Case Number:</b>	CM15-0122272		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	01/02/2012
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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

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 injured worker is a male patient who sustained an industrial injury on 01/02/2012. A primary treating office visit dated 02/13/2015 reported the patient with subjective complaint of right shoulder pain. He is status post right total shoulder and doing well until a week or so ago when the physical therapist tried something with a suction cup and the shoulder and aggravated his pain. Since this physical therapy session he has had increased pain and is he for evaluation. The treating diagnosis was status post shoulder replacement. The patient is to remain off from work through 03/20/2015. Back at a follow up on 12/18/2014 the patient had subjective complaint of being one week post-operative with right shoulder pain utilizing Percocet and performing pendulum exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, 8 additional visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

**Decision rationale:** Review indicates the patient is s/p right shoulder arthroplasty on 12/1/14, over 8 months ago, and has completed at least 30 postop PT visits. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. It appears the patient has received significant therapy sessions with demonstrated evidence of functional improvement to allow transition to an independent home exercise program. There is no report of new injuries or clinical deterioration to support for further formal PT in a patient that has been instructed on a home exercise program. Submitted reports have noted the patient progressing well with low pain level reported for the extensive postsurgical period without noted operative complications or extenuating circumstances to support for additional therapy beyond guidelines criteria. Chronic Pain Guidelines, post-operative therapy allow for 24 visits over 10 weeks for shoulder arthroplasty with postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria. The Physical Therapy, 8 additional visits is not medically necessary or appropriate.