

<b>Case Number:</b>	CM13-0011385		
<b>Date Assigned:</b>	09/19/2013	<b>Date of Injury:</b>	08/17/2010
<b>Decision Date:</b>	01/31/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York and 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 physician 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 42-year-old female who injured her left shoulder while reaching to grab something out of a bad on August 17, 2010. The patient continued to complain of pain in her neck, bilateral upper extremities, and right shoulder. Diagnoses included left shoulder subacromial bursitis and left shoulder subacromial impingement. The patient underwent arthroscopic subacromial decompression on the left shoulder on February 25, 2013. The patient received 2 visits of physical therapy/week for 12 weeks beginning in 12 weeks of physical therapy for her shoulder beginning the week after surgery beginning March 11, 2013. The patient stated that she had improved with the postsurgical physical therapy. On July 2, 2013, the patient stated that she was continuing to improve with home exercise. Request for authorization for additional twelve physical therapy visits for shoulder were submitted on July 2, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy to the left shoulder, QTY: 12.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

**Decision rationale:** Post-Surgical Guidelines for arthroscopic surgery for rotator cuff syndrome/impingement syndrome recommend 24 visits over 14 weeks with post-surgical physical medicine treatment period of 6 months. The patient had already been treated with 24 physical therapy visits within a 14-week period. The patient was compliant with a home exercise program and was continuing to improve. Additional physical therapy visits would surpass the recommended number of visits and are not recommended.