

<b>Case Number:</b>	CM13-0012339		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	05/07/2012
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	07/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### 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 Orthopedic Surgery, and is licensed to practice in California. 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 claimant is a 49-year-old female who sustained an injury to the bilateral shoulders in a May 7, 2012, work related accident. The clinical records include a September 9, 2013, progress report by [REDACTED], indicating continued complaints of bilateral shoulder pain. The report states that, at that time, the claimant was status post a March 2013 right shoulder arthroscopy with subacromial decompression. The claimant has undergone a significant course of physical therapy since surgery. The claimant reports current complaints of sharp, stabbing shoulder pain bilaterally. Examination findings demonstrate: 4/5 strength bilaterally to the deltoids; positive impingement and Hawkin's testing bilaterally, restricted range of motion at endpoints; and healed arthroscopic portal sites. This request is for an additional eight sessions of physical therapy to address continued symptomatic complaints of the bilateral shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY SESSIONS 2 TIMES A WEEK FOR 4 WEEKS FOR BILATERAL SHOULDERS: 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 rationale:** The medical records provided for review indicate the claimant underwent a significant course of physical therapy following surgery in 2013. There is no documentation of any acute clinical findings that would necessitate additional physical therapy. The records also do not indicate why an aggressive home exercise program would be contraindicated, given the time that has elapsed since the surgery. For those reasons, the request for additional physical therapy for the bilateral shoulders would not be medically necessary and appropriate.