

<b>Case Number:</b>	CM13-0015115		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	06/11/2003
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### 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 Orthopedic Surgery and is licensed to practice in Indiana, Michigan, Nebraska and Texas. 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 34 year old male who has a history of right shoulder pain. The patient had a right shoulder arthroscopy with debridement of right shoulder, subacromial decompression, partial acromionectomy on 11/05/2013, this was patient's third arthroscopy to right shoulder. The clinical notes that patients right shoulder improving, increased range of motion, decreased pain, increased deltoid strength, increase home exercise program and gym exercise program. The patient is diagnosed with residual subacromial impingement syndrome, right shoulder, and severe adhesions. The plan noted in clinical notes to continue home exercise program, continue gym exercise program, increase strength full duty soon, follow up with physician in 5-6 weeks, prescriptions for Naproxen 500mg, no frequency noted. The patient has had therapy post-operative from surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL POST OPERATIVE PHYSICAL THERAPY, RIGHT SHOULDER QTY: 6.00:** Upheld

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

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

**Decision rationale:** The request for additional post-operative physical therapy is non-certified. The physical therapy note dated 07/03/2013 stated the patient is feeling minimal soreness to right shoulder, tolerated exercises and modalities, significant decrease in pain, active range of motion to right shoulder is 176 degrees. The patient last plan as of 01/05/2014 was to continue home exercise program, gym exercise program. Physician noted to increase strength, recommend full duty shortly, prescription for Naproxen. The documentation submitted for review failed to note any significant changes in the patient's complaints and/or physical examination findings to warrant of continued physical therapy. In addition, the guidelines noted recommend no more than 24 visits over 14 weeks. There is not sufficient documentation to note how many therapy visits the patient has received. Also there is no documentation to note why the home exercise program would not suffice at this time of the patient's recovery. As such, the request is non-certified.