

<b>Case Number:</b>	CM13-0019504		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	07/18/2012
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 60 year old female with a date of injury on 7/18/2012. Diagnoses include a fracture of the proximal humerus, and a rotator cuff tear. Patient is status post open reduction internal fixation with rotator cuff repair on 7/20/14. Patient is also status post left shoulder manipulation due to arthrofibrosis in 6/2013. Subjective complaints show that patient has improved motion and pain since last visit, and is 4 weeks post manipulation. Physical exam shows mild decreased shoulder range of motion and 4/5 rotator cuff strength. Patient had been approved for 20 sessions of therapy post manipulation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **24 SESSIONS OF POST OPERATIVE PHYSICAL THERAPY FOR THE LEFT SHOULDER.:** Upheld

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

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

**Decision rationale:** CA MTUS guidelines state that after shoulder manipulation: 24 sessions over 14 weeks of physical therapy is indicated. This patient has already been approved for 20 sessions. Office records detail that the patient has good passive and active range of motion.

Documentation is not present that indicates specific deficits for which additional formal therapy may be beneficial. Therefore, the request for 24 additional physical therapy sessions exceeds guideline recommendations, and is not medically necessary.